

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 CENTER FOR WOUND HEALING

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of General Surgery			
Debridement of Wounds			
Interpretation of TCPO ₂			
Interpretation of Doppler			
Biopsy of Skin and Bone			
Cauterization of Wounds			
Incision and Drainage Procedure			
Grafting of Tissues, Skin, and Skin Substitutes			
Repair of Lacerations			
NON CORE PRIVILEGES:			
OTHER:			

BOARD CERTIFICATION: All physicians must be Board Certified in their Primary Specialty.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Medical Director Wound Center Signature Date

 Department Chief Signature Date