

**MAYAGÜEZ MEDICAL CENTER
DEPARTMENT OF INTERNAL MEDICINE
NEPHROLOGY**

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES

NAME:

	Requested	Not Requested	Recommended	Not Recommended
NEPHROLOGY:				
PERITONEAL DIALYSIS				
HEMODIALYSIS				
PERCUTANEOUS RENAL BIOPSY				
DOUBLE LUMEN CATHETER INSERTION				
OTHER:				
COLOCACION DE CATETER PARA HEMODIALISIS				
CAMBIO DE CATETER PARA HEMODIALISIS				
REMOCION DE CATETER PARA HEMODIALISIS				
ANGIOGRAMAS				
ANGIOPLASTIA				
TROMBECTOMIA				
COLOCACION DE STENTS INTRAVENOSO				
COLOCACION DE CANULAS PARA DIALISIS PERITONEAL POR FLUOROSCOPIO				

APPLICANT'S SIGNATURE

DATE

/ / **Recommended**

/ / **Not Recommended**

DEPARTMENT DIRECTOR

DATE