

**MAYAGUEZ MEDICAL CENTER
DEPARTMENT OF INTERNAL MEDICINE
HEMATOLOGY-ONCOLOGY**

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES

NAME:

HEMATOLOGY-ONCOLOGY	Requested	Not Requested	Recommended	Not Recommended
PHLEBOTOMY				
BONE ASPIRATION AND BIOPSY				
CHEMOTHERAPY				
OTHER:				

APPLICANT'S SIGNATURE

/ / RECOMMENDED

DATE

/ / NOT RECOMMENDED

DEPARTMENT DIRECTOR

DATE