

HOSPITAL DR. RAMON E. BETANCES
MAYAGÜEZ MEDICAL CENTER

DEPARTMENT OF INTERNAL MEDICINE
NEUROLOGY

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES

NAME:

	Requested	Not Requested	Recommended	Not Recommended
NEUROLOGY:				
SPINAL TAP				
EEG INTERPRETATION				
OTHER:				

APPLICANT'S SIGNATURE

/ / Recommended

DATE

/ / Not Recommended

DEPARTMENT DIRECTOR

DATE