

ATRIUM HEALTH FLOYD/POLK/CHEROKEE  
 DELINEATION OF PRIVILEGES  
 SPECIALTY OF RADIOLOGY

Print Name \_\_\_\_\_

- Initial appointment   
  Reappointment   
  Updated DOP   
  Request for Clinical Privileges

**Please check all categories and privileges desired.**

PRIVILEGE	FLOYD	POLK	CHEROKEE
<b>GENERAL RADIOLOGY</b>			
Diagnostic Radiography			
Fluoroscopy including imaging of upper and lower intestine			
Intravenous urography			
Nephrotomography			
Cholangiography			
Bronchography			
Retrograde pyelogram			
Cystography			
Hysterosalpingography			
Venography			
Arthrography			
Myelography			
Fistulogram, Sinogram			
<b>MAMMOGRAPHY (2D AND 3D)</b>			
<b>BONE DENSITOMETRY</b>			
<b>INTERVENTIONAL RADIOLOGY (FLUOROSCOPIC, CT OR ULTRASOUND GUIDANCE)</b>			
General Arteriography			
Arteriography Head and Neck			
Arteriography Body and Extremities			
Angiography-Embolic and Coil Occlusions, Thrombolytic Therapy, Drug Injections or Infusions, endovascular device placement/removal, Transjugular intrahepatic portosystemic shunt placement			
Therapeutic Angiography- Transluminal Angioplasty			
Transhepatic Cholangiography			
Percutaneous Transhepatic Biliary Drainage, Cholecystostomy, Stricture Dilatations and Other Therapeutic Maneuvers			
Percutaneous Drainage of Abscess or Other Fluid Collections			
Percutaneous Nephrostomy, Stent Placement, Stricture, Stricture Dilatation and Other Therapeutic Radiographic Maneuvers of the Genitourinary Tract			

Print Name \_\_\_\_\_

Cyst Aspiration			
Percutaneous Therapeutic Cyst Ablation / Tumor ablation			
Lymphangiography			
Sialography			
Thoracentesis / Paracentesis			
Percutaneous Treatment of Tumors (Catheter Placement)			
Percutaneous Needle Biopsy			
Percutaneous Needle Localization of Breast			
Percutaneous diagnostic and therapeutic nerve root and facet nerve injections			
Discography			
Percutaneous gastrostomy			
Percutaneous vertebral augmentation (vertebroplasty, kyphoplasty)			
Percutaneous tumor ablation			
Percutaneous nerve ablation			
<b>COMPUTED X-RAY TOMOGRAPHY</b>			
CT of Head and Neck			
CT of Body and Extremities			
<b>ULTRASOUND</b>			
General US Imaging of Entire Body			
Doppler Examination of the Body and Blood Vessels			
Gynecologic and Obstetrical US imaging			
<b>NUCLEAR MEDICINE</b>			
Diagnostic Imaging			
Therapeutic I131 < 6mci			
Therapeutic I131 > 6mci			
<b>MAGNETIC RESONANCE IMAGING</b>			
MRI of Head and Neck			
MRI of Body and Extremities			
<b>RADIATION THERAPY</b>			
Planning/Management of Radiation Therapy			
Interstitial and intercavitary radioactive sources implants			
High dose rate bradytherapy			
Low dose rate bradytherapy			
CONSCIOUS SEDATION (please request a Conscious Sedation credentialing packet from the Floyd Medical Staff Office if this is an initial appointment.)			

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Print Name

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Atrium Health Floyd/Polk/Cherokee, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

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Applicant's Signature

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Date