

FLOYD MEDICAL CENTER  
Breast Center  
Nurse Practitioner Functions Requested

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Supervising Physician

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

Please check patient care functions requested and note the degree of supervision, *direct* or *indirect*, by each.

<b>Patient Care Functions</b>	<b>Direct</b>	<b>Indirect</b>	<b>Approved</b>
Evaluate and manage breast problems			
Complete indicated referrals; coordinate with multidisciplinary team			
Complete clinical breast exams and skin assessments			
Educate, navigate patients & family of breast cancer patients			
I&D breast abscesses/cyst aspiration			
Identify high risk patients/apply protocol			
Educate patients, facilitate genetic testing			

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Supervising Physician

\_\_\_\_\_  
Signature of Supervising Physician

APPROVED FMC:

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION  
or FMC EVP and CHIEF MEDICAL OFFICER

\_\_\_\_\_  
Date

\_\_\_\_\_ Concur with Department's recommendation and forward to governing body

\_\_\_\_\_ Return to Department for clarification of the following: \_\_\_\_\_

**BOARD APPROVAL:**    \_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_  
Date