

**SCOTLAND HEALTH CARE SYSTEM**  
**Clinical Privileges Delineation Form**  
**Specialty: Diagnostic Imaging**

Physician Name: \_\_\_\_\_

I. **General Privileges**

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

Performing physical examinations and ordering and interpreting of other diagnostic studies that are normally considered part of the practice of diagnostic imaging, including, but not limited to, laboratory and electrocardiographic studies.

Prescribing and administering medications normally considered part of the practice of diagnostic imaging.

Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

II. **Specific Privileges: Clinical**

Physicians granted clinical privileges in Diagnostic Imaging must demonstrate knowledge and skills usually achieved only through training sufficient to attain eligibility for Board certification in Diagnostic Imaging, or equivalent experience (NOTE: if sufficient training is not documented, specific experience must be outlined in writing).

<u>Procedure</u>	<u>Requested</u>	<u>Procedure</u>	<u>Requested</u>
<b>General Diagnostic Radiology</b>		Special Procedures with C.T., Fluoroscopic, Ultrasonic or C-Arm Guidance	
Gen. Plain Film Diagn.		Arteriography, Aorta	
Computer. Tomography		Arteriography, Extremity	
Contrast Studies: Barium		Venography, Other	
Contrast Studies: Water Soluble Media		<b>Diagnostic Nuclear Medicine</b>	
Other Media		Endocrine	
Magnetic Resonance Imaging		Hematopoietic, Reticuloendothelial & Lymphatic-incl. Spleen	
Bronchography		Gastrointestinal - incl. Liver	
Cystography		Musculoskeletal	
Lymphography		Cardiovascular	
Arthrography		Respiratory (Lung)	
Mammography		CNS	
Myelography		Genitourinary	
Sialography		<b>Other</b>	
Salpingography		Percutaneous Biopsy	
<b>Ultrasonography</b>		Liver Biopsy	
Pelvic (incl. obstetrical)		Lung Nodule Biopsy	
Head and Neck		Tumor Biopsy	
Chest, Abdomen and Retroperitonium		Enlarged Lymph Node Biopsy	

I hereby request the clinical privileges listed above.

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

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