



Privileges in General Radiology

Physician name:

Successful completion of an accredited Residency/Fellowship
In **General Radiology** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **General Radiology** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<input checked="" type="checkbox"/>	Privileges to admit, diagnose, perform history and physical exam, and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic procedures:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Routine radiographic studies including the head, neck, chest, abdomen, and extremities	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Computer tomography of the head, neck, chest, abdomen, extremities, and cardiovascular system	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Magnetic resonance imaging of the head, neck, chest, abdomen, extremities, and cardiovascular system	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Fluoroscopic procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radiologic procedures of the genitourinary and gastrointestinal tracts	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radiologic procedures upon the musculoskeletal system	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	CT guided biopsies	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ultrasound procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Advanced ultrasound procedures: endovaginal ultrasound, Doppler imaging of veins and arteries	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diagnostic neuroradiology	<input checked="" type="checkbox"/>

Special Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Mammography	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	MR-guided Breast Procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Mammography Stereotactic Biopsies	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Mammography Ultrasound Guided Biopsies	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Neurointerventional radiology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diagnostic and therapeutic general angiography and vascular interventions	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Nonvascular interventional procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Carotid Stenting	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cardiac Imaging	<input checked="" type="checkbox"/>

Additional Privileges:

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-----

Approved By:- -----

Medical director signature: - -----

Date:-----