

**900 N MICHIGAN SURGICAL CENTER**

**PRIVILEGE REQUEST FORM  
ANESTHESIOLOGY**

I am applying for the following privileges of which I am also currently credentialed at \_\_\_\_\_,  
an Illinois hospital.

<b>REQUESTED</b>	<b>GRANTED</b>	<b>PROCEDURE</b>
_____	_____	IV Sedation
_____	_____	<b>Regional (Please Specify):</b> _____ _____ _____
_____	_____	<b>General (Please Specify):</b> _____ _____ _____
_____	_____	<b>Other (Please Specify):</b> _____ _____ _____

Practitioner's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Medical Director Approval \_\_\_\_\_ Date \_\_\_\_\_

Governing Body Approval \_\_\_\_\_ Date \_\_\_\_\_

REVISED: 10/05