TEXAS SPINE & JOINT HOSPITAL
DELINEATION OF PRIVILEGES
PHYSICIAN ASSISTANT

NAME: _____

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Perform history and physical examinations on patients in the hospital.		
	Dictate the discharge summary from physician progress notes and dictated reports		
	Write progress notes and orders on the chart to be countersigned within **24 hours**		
	Assist in surgery as directed by the physician		
	Perform pre and Post operative instructions and education for patients and their families		
	Accompany the physician during evaluations, interviews and physical examinations		
	Receive and write verbal orders at the verifiable direction of the responsible physician		
	Change and apply dressings		
	Change and apply casts and/or splints		
	Use of Radiation Machine ** (see below)		

** 8 hours Category 1, CME in radiation safety and operation of fluoro systems and 1 hour fluoro machine training by a radiologist or licensed medical physicst. Attached certification to this request.

_____ _____
Signature of Allied Health Professional Date

I agree to accept total responsibility for all actions of this Allied Health Professional while he/she is in my employ. I also attest to the fact that an adequate investigation of his/her qualifications and character has been performed and that the individual, in my opinion, is capable of performing the requested activities. I also agree to notify the Hospital if this person should leave my employment.

_____ _____
Sponsoring Physician's Signature Date

_____ _____
Sponsoring Physician's Signature Date

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Sponsoring Physician's Signature Date

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Sponsoring Physician's Signature Date

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Sponsoring Physician's Signature	Date