

**ADVANCED CARDIOLOGY CENTER, CORP
MAYAGÜEZ MEDICAL CENTER**

**DEPARTMENT OF INTERNAL MEDICINE
*INFECTIOUS DISEASES***

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES

NAME:

	Requested	Not Requested	Recommended	Not Recommended
INFECTIOUS DISEASES				
CARDIO VERSION				
CARDIOPULMONARY RESUSCITATION				
EMERGENCY TREATMENT OF THE OBSTRUCTED AIRWAY				

APPLICANT'S SIGNATURE

/ / **Recommended**

DATE

/ / **Not Recommended**

DEPARTMENT DIRECTOR

DATE