

**MAYAGUEZ MEDICAL CENTER**  
**DELINEATION OF PHYSICAL MEDICINE AND REHABILITATION**

NAME:

<b>PRIVILEGES REQUESTED</b>	<b>Requested</b>	<b>Not Requested</b>	<b>Recommended</b>	<b>Not Recommended</b>
PHYSICAL MEDICINE:				
THERAPEUTIC MODALITIES				
ELECTROMYOGRAPHY				
NERVE CONDUCTION STUDIES				
LOCAL INFILTRATION WITH ANESTHETICS				
ARTHROCENTESIS AND JOINT INJECTION				
BURN PATIENT-HYDROTHERAPY				
ELECTRO-THERAPY				
RAHABILITATION PROCEDURES				
OTHERS:				

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

/ / RECOMMENDED

\_\_\_\_\_  
 DATE

/ / NOT RECOMMENDED

\_\_\_\_\_  
 DEPARTMENT DIRECTOR

\_\_\_\_\_  
 DATE