|  |  |
| --- | --- |
| Name: | Click here to enter text. |

# ALLIED HEALTH STAFF

REQUEST FOR SPECIFIC PRIVILEGES BY

## PSYCHOMETRICIAN

## GROUP 41

Procedures and services are initiated at the request of a patient’s attending physician or the consulting physician.

|  |  |  |
| --- | --- | --- |
| 41.00 |  | Psychometrician |
| 41.01 |  | Conduct neuropsychological assessment for adults, adolescents, and children. |

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Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Department:**

Reviewed and recommended, as requested:\_\_\_\_\_

Reviewed and recommended, with exception:\_\_\_\_\_

Reviewed but not recommended:\_\_\_\_\_

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Chairperson Date

**Medical Staff Executive Committee:**

Reviewed and recommended, as requested:\_\_\_\_\_

Reviewed and recommended, with exception:\_\_\_\_\_

Reviewed but not recommended:\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board of Hospital Managers:**

Reviewed and approved, as requested:\_\_\_\_\_

Reviewed and approved, with exception:\_\_\_\_\_

Reviewed but not approved:\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If privileges are denied, limited, or granted other than as requested, documentation must be provided.