

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PHYSICIAN PRIVILEGES**  
**Chiropractic**

| <b>Procedures</b>                          |              | <b>Requested</b> | <b>Approved</b> |
|--|--------------|------------------|-----------------|
| Manipulation under Anesthesia (Primary)    |              |                  |                 |
| Manipulation under Anesthesia (1st assist) |              |                  |                 |
| Manipulation under Joint Anesthesia (MUA)  |              |                  |                 |
| <b>CPT CODE FOR MANIPULATION</b>           | <b>22505</b> |                  |                 |

| <b>Other Procedures</b> |  | <b>Requested</b> | <b>Approved</b> |
|-------------------------|--|------------------|-----------------|
|                         |  |                  |                 |
|                         |  |                  |                 |
|                         |  |                  |                 |
|                         |  |                  |                 |

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Director of Anesthesia**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**President of Medical Board**