

GENERAL INTERNAL MEDICINE

Physician:

Sections of Clinical Activity

Select action (add, remove, change), as well as, indicate if this will be the Primary appointment and select relevant Role(s).

Section	Add	Remove	Change	Primary	Full Practice	Locum Tenens	*Clinical Associate	Community Practice
General Internal Medicine	PMI1 <input type="checkbox"/>	PMI1r <input type="checkbox"/>	PMI1c <input type="checkbox"/>	PMI1p <input type="checkbox"/>	PMI1p <input type="checkbox"/>	PMI1p <input type="checkbox"/>	PMI1p <input type="checkbox"/>	PMI1p <input type="checkbox"/>

*Clinical Associates will not admit nor require procedures as this role is under the direction of the most responsible/attending physician

Sites of Clinical Activity

INPATIENT HOSPITAL SERVICE	Add	Remove	Change	Admitting	Non-Admitting	Primary
FMC – Foothills Medical Centre	PMI2 <input type="checkbox"/>	PMI2r <input type="checkbox"/>	PMI2c <input type="checkbox"/>	PMI2a <input type="checkbox"/>	PMI2p <input type="checkbox"/>	PMI2p <input type="checkbox"/>
PLC – Peter Lougheed Centre	PMI3 <input type="checkbox"/>	PMI3r <input type="checkbox"/>	PMI3c <input type="checkbox"/>	PMI3a <input type="checkbox"/>	PMI3p <input type="checkbox"/>	PMI3p <input type="checkbox"/>
RGH – Rockyview General Hospital	PMI4 <input type="checkbox"/>	PMI4r <input type="checkbox"/>	PMI4c <input type="checkbox"/>	PMI4a <input type="checkbox"/>	PMI4p <input type="checkbox"/>	PMI4p <input type="checkbox"/>
SHC – South Health Campus	PMI5 <input type="checkbox"/>	PMI5r <input type="checkbox"/>	PMI5c <input type="checkbox"/>	PMI5a <input type="checkbox"/>	PMI5p <input type="checkbox"/>	PMI5p <input type="checkbox"/>

Privileges at Alberta Children's Hospital will require a Supplementary Appointment with the Department of Pediatrics

OUTPATIENT CLINICS AND SERVICES IN HOSPITAL AND OTHER FACILITIES	Add	Remove
Adult Diabetes Clinic	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Adult HPTP clinic	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Adult Sleep Centre	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
Anticoagulation Clinic	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Cardiac Wellness Institute	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Diabetes Education Centre	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
Diabetes in Pregnancy	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
East Calgary Health Centre	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
General Cardiology Outpatient Clinics	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
General Endocrinology Clinics	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
General Medicine Clinics	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
General Neurology Clinics	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
Hemodialysis Clinic	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
Peritoneal Dialysis Clinic	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Pre-Admission/Pre-Operative Assessment Clinic	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Predialysis Clinic	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
Progressive Renal Care Clinic	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
RRDTC – Richmond Road Diagnostic & Treatment Centre	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Southern Alberta H.I.V. Clinic for Selected Members	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
SCHC - South Calgary Health Centre	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
SMCHC – Sheldon M. Chumir Health Centre	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Sunridge Family Medicine Teaching Centre	SPo07 <input type="checkbox"/>	SPo07r <input type="checkbox"/>
Urgent Internal Medicine Assessment Clinic	SPo09 <input type="checkbox"/>	SPo09r <input type="checkbox"/>
OTHER: Elbow River Healing Lodge (Sheldon Chumir)	SPo10 <input type="checkbox"/>	SPo10r <input type="checkbox"/>
OTHER: Lymphedema Clinic (Sheldon Chumir)	SPo11 <input type="checkbox"/>	SPo11r <input type="checkbox"/>

Privileges at Tom Baker Cancer Centre will require a Supplementary Appointment with the Department of Oncology

CONTINUING CARE & HOSPICES	Add	Remove	Change	Non-Admitting
All Urban Care Centre	PMI2 <input type="checkbox"/>	PMI2r <input type="checkbox"/>	PMI2c <input type="checkbox"/>	PMI2a <input type="checkbox"/>

NO SPECIFIED PROCEDURES	NO SPECIFIED PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>
General	Abdominal Paracentesis	<input type="checkbox"/>	<input type="checkbox"/>
	Anoscopy	<input type="checkbox"/>	<input type="checkbox"/>
	Arterial Blood Sampling	<input type="checkbox"/>	<input type="checkbox"/>
	Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>
	Central Venous Line Insertion	<input type="checkbox"/>	<input type="checkbox"/>
	Endotracheal Intubation	<input type="checkbox"/>	<input type="checkbox"/>
	Lumbar Puncture	<input type="checkbox"/>	<input type="checkbox"/>
	Parenteral Nutrition (Peripheral)	<input type="checkbox"/>	<input type="checkbox"/>
	Parenteral Nutrition (Total)	<input type="checkbox"/>	<input type="checkbox"/>
	Phlebotomy	<input type="checkbox"/>	<input type="checkbox"/>
	Sigmoidoscopy – Rigid +/- Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>
Venous Cutdowns	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous	Aspiration of Joints & Bursa	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOMYOCARDIAL BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
	NUCLEAR CARDIOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
	Ultrasound Guided FNA	<input type="checkbox"/>	<input type="checkbox"/>
	Ultrasound Guided Thyroid FNA	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	Ambulatory BP Monitor Recording Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
	DC Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>
	Echocardiography - Transesophageal Echocardiography	<input type="checkbox"/>	<input type="checkbox"/>
	Echocardiography - Transthoracic Echocardiography	<input type="checkbox"/>	<input type="checkbox"/>
	Electrocardiography - 12 Lead ECG Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
	Electrocardiography – Holter Monitor Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
	Line - Tube Placement - Central Venous Line - Swan Ganz Catheter Placement	<input type="checkbox"/>	<input type="checkbox"/>
	Line - Tube Placement - Line - Tube Placement: Intraaortic Balloon Pump Placement	<input type="checkbox"/>	<input type="checkbox"/>
	Line - Tube Placement - Line - Tube Placement: Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>
	Line - Tube Placement - Line - Tube Placement: Temporary Transvenous Pacemaker Placement	<input type="checkbox"/>	<input type="checkbox"/>
	Stress Testing - Exercise Stress Test Supervision (Members w ECG Exam Only)	<input type="checkbox"/>	<input type="checkbox"/>
	Stress Testing - Metabolic Stress Test Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Stress Testing - Pharmacologic Stress Test Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
ANGIOGRAPHY / INTERVENTIONAL CARDIOLOGY	BALLOON VALVULOPLASTY	<input type="checkbox"/>	<input type="checkbox"/>
	CORONARY ATHERECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
	DIAGNOSTIC LEFT AND RIGHT HEART CATHETERIZATION	<input type="checkbox"/>	<input type="checkbox"/>
	PERIPHERAL ARTERIAL ANGIOPLASTY	<input type="checkbox"/>	<input type="checkbox"/>
	PTCA/STENT PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>

Section Name			
	SELECTIVE CORONARY ANGIOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
	TRANSSEPTAL CARDIAC CATHETERIZATION	<input type="checkbox"/>	<input type="checkbox"/>
ECHOCARDIOGRAPHY	INTRAVASCULAR ULTRASONOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
	TRANSTHORACIC ECHOCARDIOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROCARDIOGRAPHY	12 LEAD ECG INTERPRETATION	<input type="checkbox"/>	<input type="checkbox"/>
	HOLTER MONITOR INTERPRETATION	<input type="checkbox"/>	<input type="checkbox"/>
	TRANSTELEPHONIC ECG RECORDING INTERPRETATION	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROPHYSIOLOGY	CATHETER ABLATION OF ARRHYTHMOGENIC SUBSTRATES	<input type="checkbox"/>	<input type="checkbox"/>
	DIAGNOSTIC CATHETER ELECTROPHYSIOLOGIC STUDY	<input type="checkbox"/>	<input type="checkbox"/>
	INTRAOPERATIVE ELECTROPHYSIOLOGIC TESTING	<input type="checkbox"/>	<input type="checkbox"/>
	TESTING OF IMPLANTABLE CARDIOVERTER DEFIBRILLATOR DEVICES	<input type="checkbox"/>	<input type="checkbox"/>
	TESTING OF PERMANENT CARDIAC PACING DEVICES	<input type="checkbox"/>	<input type="checkbox"/>
	TILT TABLE TESTING	<input type="checkbox"/>	<input type="checkbox"/>
DERMATOLOGY	DERMABRASION	<input type="checkbox"/>	<input type="checkbox"/>
	Drainage of Superficial Abscess	<input type="checkbox"/>	<input type="checkbox"/>
	IVIG Infusions	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER - LASER	<input type="checkbox"/>	<input type="checkbox"/>
	Removal of Simple Subcutaneous Tumors	<input type="checkbox"/>	<input type="checkbox"/>
	Simple Suturing	<input type="checkbox"/>	<input type="checkbox"/>
	Skin Excision Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Skin Punch Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology & Metabolism	Fine Needle Thyroid Aspiration – Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Iliac Crest Bone Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Radioactive Iodine for Benign Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
	Radioactive Iodine for Thyroid Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	Bone Marrow Aspiration – Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	BONE MARROW ASPIRATION/BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
	DILATATION OF ESOPHAGUS BY BOUGIE	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOSCOPIC DRAINAGE OF PANCREATIC PSEUDOCYST	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOSCOPIC PSEUDOCYST DRAINAGE	<input type="checkbox"/>	<input type="checkbox"/>
	ENTERAL STENTING	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITH THERAPEUTIC INTERVENTIONS	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITH THERAPEUTIC INTERVENTIONS/AMPULLECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITH THERAPEUTIC INTERVENTIONS/BILIARY DILATATION	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITH THERAPEUTIC INTERVENTIONS/PAPILLOTOMY	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITH THERAPEUTIC INTERVENTIONS/STENT PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITH THERAPEUTIC INTERVENTIONS/STONE EXTRACTION	<input type="checkbox"/>	<input type="checkbox"/>
	ERCP WITHOUT INTERVENTIONS		
	ESOPHAGEAL MOTILITY & pH TESTING	<input type="checkbox"/>	<input type="checkbox"/>
	FLEXIBLE COLONOSCOPY WITH METAL STENT PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>

Section Name			
	LOWER GI ENDOSCOPY: FLEXIBLE COLONOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>
	LOWER GI ENDOSCOPY: FLEXIBLE COLONOSCOPY - WITH POLYPECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
	LOWER GI ENDOSCOPY: FLEXIBLE COLONOSCOPY WITH ELECTROCAUTERY	<input type="checkbox"/>	<input type="checkbox"/>
	LOWER GI ENDOSCOPY: SIGMOIDOSCOPY - FLEXIBLE	<input type="checkbox"/>	<input type="checkbox"/>
	LOWER GI FLEXIBLE ENDOSCOPY WITH ENDOSCOPIC SUBMUCOSAL RESECTION	<input type="checkbox"/>	<input type="checkbox"/>
	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE	<input type="checkbox"/>	<input type="checkbox"/>
	Placement of Blakemore, Linton or Similar Tube	<input type="checkbox"/>	<input type="checkbox"/>
	SMALL BOWEL BIOPSY BY CAPSULE	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH ELECTROCAUTERY	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH ENDOSCOPIC SUBMUCOSAL RESECTION	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH ESOPHAGEAL DILATATION	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH INJECTION OF BOTULINUM TOXIN	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH INJECTION OF GLUES	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH INJECTION OF VASOCONSTRICTOR	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH PHOTODYNAMMIC THERAPY	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH PLACEMENT OF ESOPHAGEAL STENT	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH PLACEMENT OF GASTROSTOMY TUBE (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH PNEUMATIC DILATATION	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	<input type="checkbox"/>	<input type="checkbox"/>
	UPPER GI FLEXIBLE ENDOSCOPY WITH SCLEROTHERAPY OR BANDING	<input type="checkbox"/>	<input type="checkbox"/>
HEMATOLOGY	BLOOD AND MARROW TRANSPLANTATION	<input type="checkbox"/>	<input type="checkbox"/>
	Bone Marrow Aspiration – Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Chemotherapy – IV	<input type="checkbox"/>	<input type="checkbox"/>
	Chemotherapy For Neoplasia	<input type="checkbox"/>	<input type="checkbox"/>
	CHEMOTHERAPY-INTRATHECAL	<input type="checkbox"/>	<input type="checkbox"/>
	CHEMOTHERAPY-IV	<input type="checkbox"/>	<input type="checkbox"/>
	CHEMOTHERAPY-SPINAL	<input type="checkbox"/>	<input type="checkbox"/>
	INTERPRETATION BLOOD SMEAR/BONE MARROW ASPIRATE AND BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
	Needle Biopsy – Breast	<input type="checkbox"/>	<input type="checkbox"/>
	RADIOTHERAPY	<input type="checkbox"/>	<input type="checkbox"/>
	Removal Tunnelled Central Venous Catheter	<input type="checkbox"/>	<input type="checkbox"/>
Medical Oncology	Drainage Superficial Abscess	<input type="checkbox"/>	<input type="checkbox"/>
	FNA Superficial Lymph Node	<input type="checkbox"/>	<input type="checkbox"/>
	NEEDLE BIOPSY - BREAST	<input type="checkbox"/>	<input type="checkbox"/>
	Punch Skin Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
RADIATION ONCOLOGY	BRACHYTHERAPY - INTERSTITIAL	<input type="checkbox"/>	<input type="checkbox"/>
	BRACHYTHERAPY - INTRACAVITARY	<input type="checkbox"/>	<input type="checkbox"/>
	EXTERNAL BEAM RADIATION - THERAPEUTIC	<input type="checkbox"/>	<input type="checkbox"/>
	RADIONUCLIDE ADMINISTRATIVE FOR CANCER* (REQUIRES DIAGNOSTIC IMAGING APPROVAL)	<input type="checkbox"/>	<input type="checkbox"/>

Section Name			
	RADIOTHERAPY	<input type="checkbox"/>	<input type="checkbox"/>
	STEREOTACTIC RADIOSURGERY	<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL BODY IRRADIATION	<input type="checkbox"/>	<input type="checkbox"/>
PULMONARY	AUTOFLUORESCENCE BRONCHOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>
	BALLOON BRONCHOPLASTY	<input type="checkbox"/>	<input type="checkbox"/>
	BRONCHIAL CHALLENGE TESTING	<input type="checkbox"/>	<input type="checkbox"/>
	Bronchoscopic Removal of Foreign Body	<input type="checkbox"/>	<input type="checkbox"/>
	Bronchoscopy - Flexible +/- Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Bronchoscopy Flexible - Broncho-Alveolar Lavage	<input type="checkbox"/>	<input type="checkbox"/>
	BRONCHOSCOPY FLEXIBLE – BRONCHO-ALVEOLAR LAVAGE	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical Pleurodesis	<input type="checkbox"/>	<input type="checkbox"/>
	Chest Tube Insertion	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOBONCHIAL ELECTROCOAGULATION	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOBONCHIAL ULTRASONOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
	Exercise Pulmonary Function Testing	<input type="checkbox"/>	<input type="checkbox"/>
	Intrapleural Thombrolysis	<input type="checkbox"/>	<input type="checkbox"/>
	INTRAPLEURAL THROMBOLYSIS	<input type="checkbox"/>	<input type="checkbox"/>
	IPG INTERPRETATION	<input type="checkbox"/>	<input type="checkbox"/>
	Needle Aspiration – Biopsy Superficial Lymph Node	<input type="checkbox"/>	<input type="checkbox"/>
	NEEDLE BIOPSY - LUNG	<input type="checkbox"/>	<input type="checkbox"/>
	Pleural Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	Pleural Ultrasonography	<input type="checkbox"/>	<input type="checkbox"/>
	Pulmonary Function Test Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
	RIGID BRONCHOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>
	SLEEP MONITORING AND INTERPRETATION	<input type="checkbox"/>	<input type="checkbox"/>
	TRACHEOBRONCHIAL STENT PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
	TRANSBRONCHIAL ASPIRATION	<input type="checkbox"/>	<input type="checkbox"/>
	Transbronchial Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
	TRANSTRACHIAL ASPIRATION	<input type="checkbox"/>	<input type="checkbox"/>
	TUNNELED PLEURAL CATHETER PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>
	Ventilator Management	<input type="checkbox"/>	<input type="checkbox"/>
Renal	Arteriovenous Hemofiltration	<input type="checkbox"/>	<input type="checkbox"/>
	Hemodialysis		
	Insertion – Acute Peritoneal Dialysis Catheter	<input type="checkbox"/>	<input type="checkbox"/>
	Intra-Dialytic Parenteral Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
	Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
	PERITONEAL LAVAGE	<input type="checkbox"/>	<input type="checkbox"/>
	Plasmaphoresis	<input type="checkbox"/>	<input type="checkbox"/>
	RENAL BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>
	RENAL TRANSPLANT DONOR/RECIPIENT MANAGEMENT*	<input type="checkbox"/>	<input type="checkbox"/>
	Venovenous Filtration	<input type="checkbox"/>	<input type="checkbox"/>

Rheumatology	Clinical Immunology – Arthrocentesis – General	<input type="checkbox"/>	<input type="checkbox"/>
	Clinical Immunology - Needle Biopsy – Synovium	<input type="checkbox"/>	<input type="checkbox"/>
	Clinical Immunology - ISOTOPE SYNOVECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES	CAPSULE ENDOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>
	DOUBLE BALLOON ENDOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOSCOPIC LASER THERAPY	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOSCOPIC ULTRASOUND	<input type="checkbox"/>	<input type="checkbox"/>
	ENDOSCOPY/COLONOSCOPY WITH APC (ARGON PLASMA COAGULATION)	<input type="checkbox"/>	<input type="checkbox"/>
	ESOPHAGEAL MOTILITY & pH TESTING	<input type="checkbox"/>	<input type="checkbox"/>
	INTERPRETATION OF ESOPHAGEAL MANOMETRY STUDIES	<input type="checkbox"/>	<input type="checkbox"/>
	Interpretation of pH Studies	<input type="checkbox"/>	<input type="checkbox"/>
	LIVER BIOPSY - PERCUTANEOUS	<input type="checkbox"/>	<input type="checkbox"/>
	LIVER BIOPSY - TRANSJUGULAR	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT

Zone Clinical Department Head Signature	Printed Name	Date
Zone Clinical Section Chief Signature	Printed Name	Date
Physician Signature	Printed Name	Date