

**THE NEW YORK EYE AND EAR INFIRMARY**

**DELINEATION OF PRIVILEGES**

**DEPARTMENT OF OPHTHALMOLOGY**

**OPTOMETRISTS**

**NAME:**

(PLEASE PRINT)

**Instruction:**

**Applicant: Please put a tick( ✓ ) in the Privilege Requested Column**

**Chairman/Director: Please put tick ( ✓ ) in the appropriate column.**

		<b><u>DIRECTOR OF SERVICE</u></b>	
	Privilege Requested	Privilege Denied	Privilege Approved
<b>Category I.</b>			
<b>Medical Management</b> and diagnostic tests for the eye, orbit, visual system and adnexae.		_____	_____
<b>Refraction</b>		_____	_____
Con tact Lens Fitting		_____	_____

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
John Seedor, M.D., Cornea, Chief of Service Revised 9.11.07