



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

MEMO TO: Health Information Services  
All Nursing Units

FROM: Regional Lead – Medical Services & CMO

RE: **REINSTATEMENT OF PRIVILEGES**

This is to inform you that Dr. \_\_\_\_\_'s admitting and treatment privileges have been reinstated as of this date.

\_\_\_\_\_  
*Regional Lead – Medical Services & CMO /Chief of Staff/Designate*

CC: Chief Executive Officer (CEO)  
Regional Manager Health Information Services  
Facility Health Information Services