UNION WEST SURGERY CENTER
PRIVILEGE REQUEST: Pain Management

Provider Printed Name:_____
Provider Signature:_____
Date:_____

PROCEDURE	REQUESTED	APPROVED
PERCUTANEOUS RADIOFREQUENCY LESIONING OF SYMPATHETIC SOMATIC NERVES The use of Radiofrequency Generation for Lesions of Sympathetic/Somatic Nerves		

Medical Executive Committee -Approve By:	Approval Date:
Board of Manages- Approved By:	Approval Date: