



New Mexico Orthopaedics Surgery Center, LP
PRIVILEGE REQUEST
ANESTHESIOLOGY

GENERAL ANESTHESIA

____ All agents including Pre-Op and Post Op Care

REGIONAL ANESTHESIA

____ Spinal (including continuous)

____ Peridural (including continuous)

____ Peripheral Nerve Blocks

____ IV Regional Blocks

SPECIAL TECHNIQUES:

____ Steroid Epidural Techniques

____ Pain Management

____ Difficult Intubation

REQUESTED PRIVILEGES GRANTED ()

Name: _____

Date: _____

Signature: _____

Approval Medical Director: _____ Date: _____