

**900 N. MICHIGAN SURGICAL CENTER**

**PRIVILEGE REQUEST FORM  
PAIN MANAGEMENT**

I am applying for the following privileges of which I am also currently credentialed at \_\_\_\_\_, an Illinois hospital.

<b>REQUESTED</b>	<b>GRANTED</b>	<b>PROCEDURE</b>
_____	_____	Evaluation and diagnosis of medical conditions to determine need for surgical intervention
_____	_____	Central and regional blockade
_____	_____	Lumbar puncture diagnostic
_____	_____	Cervical epidural injection, single or continuous, anesthetic substance
_____	_____	Thoracic epidural injection, single or continuous, anesthetic substance
_____	_____	Lumbar epidural injection, single or continuous, anesthetic substance
_____	_____	Caudal epidural injection, single or continuous, anesthetic substance
_____	_____	Differential epidural injection
_____	_____	Subarachnoid injection, single, anesthetic substance
_____	_____	Subarachnoid injection, continuous, anesthetic substance
_____	_____	Differential spinal injection
_____	_____	Reinjection of epidural catheter
_____	_____	Reinjection of subarachnoid catheter
_____	_____	Epidural blood patch
_____	_____	Injection of neurolytic substance, subarachnoid
_____	_____	Injection of neurolytic substance, epidural, cervical
_____	_____	Injection of neurolytic substance, lumbar
_____	_____	Injection of neurolytic substance, subarachnoid or epidural, via Indwelling catheter
_____	_____	Injection of substance other than anesthetic, contrast, or neurolytic substance
_____	_____	Injection of substance other than anesthetic, contrast, or neurolytic, epidural, or caudal (includes: cervical, thoracic, or lumbar)
_____	_____	Epidural contrast study
_____	_____	Insertion of catheter: subarachnoid or epidural, percutaneous, with fluoroscopic guidance (includes: injection of contrast material, if used)
_____	_____	Insertion of catheter under fluoroscopic guidance, with injection, for epidural adhesolysis, multiple days (Racz procedure)
_____	_____	Intravenous regional administration of local anesthetic or other, upper or lower extremity (Guanesthidine, Reserpine, Bretylium or others)
_____	_____	Diagnostic or therapeutic injection/introduction of anesthetic agent (nerve block)
_____	_____	Injection of anesthetic agent at trigeminal nerve, any division or branch
_____	_____	Injection of anesthetic agent at facial nerve

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- IDET
- Diskography, cervical lumbar, thoracic
- Radiofrequency: lumbar sympathetic block
- Radiofrequency: facet cervical, thoracic, lumbar
- Radiofrequency: disks – cervical, thoracic, lumbar
- Stellate ganglion block
- Epiduroscopy
- Pump placement
- Occipital nerve block
- Prolo therapy
- Celiac plexus block
- Stimulation placement
- Nucleoplasty
- Other (Please Specify):**

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\_\_\_\_\_  
Practitioner's Signature Print Name Date

\_\_\_\_\_  
Medical Director Approval 900 N. Michigan Surgical Center Date

\_\_\_\_\_  
Governing Body Approval Date