

Atrium Health Surgery Center
 Indian Trail
PRIVILEGE REQUEST:
ANESTHESIA

Provider Printed Name: _____

Provider Signature: _____

Date: _____

PROCEDURE	REQUESTED	NOT REQUESTED
ARTERIAL PUNCTURE		
BRACHIAL PLEXUS ANESTHESIA		
CAUDAL ANESTHESIA		
EMERGENCY TREATMENT		
EMERGENCY/THERAPEUTIC LARYNGOSCOPY AND/OR BRONCHOSCOPY		
ENDOTRACHEAL INTUBATION		
EPIDURAL ANESTHESIA		
GENERAL ANESTHESIA		
INHALATION ANESTHESIA		
INTRATHECAL/EPIDURAL NARCOTICS		
INTRAVENOUS ANESTHESIA		
LOCAL ANESTHESIA		
MONITORED ANESTHESIA CARE		
PRE AND POSTOP CONSULTATION AND EVALUATION		
REGIONAL ANESTHESIA		
RESUSCITATION		
SPINAL ANESTHESIA		
SUPERVISION OF NON-PHYSICIAN PERSONNEL		
TOPICAL ANESTHESIA		
TRACHEOTOMY		
VENTILATOR MANAGEMENT		