

# McBride Surgical Center, LLC

## APPLICATION FOR CLINICAL PRIVILEGES PAIN MANAGEMENT

Applicant: Please check the procedures for which you are requesting or not requesting. Do not leave any blanks. Once this is completed please return to the practice manager along with any other information that has been requested from you. The Medical Director/Credentialing Committee will then grant or deny privileges. You will be notified of the results, via a copy this form.

Procedure	Decision				Comments
<b>Pain Management:</b>					
All peripheral nerve blocks-local anesthetic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All peripheral nerve blocks neurolytic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All plexus blocks-local anesthetic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All plexus blocks- neurolytic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All ganglion blocks-local anesthetic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All ganglion blocks- neurolytic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Aspiration of joint or bursa	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Injection of joint or bursa	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Injection of single or multiple trigger points	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Injection of tendon sheath, ligament or fascia	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Epidural- single shot- cervical/ thoracic/ lumber	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Epidural- continuous- cervical/ thoracic/ lumber	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Epidural blood patch	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Caudal block	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Intrathecal block	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Transforaminal injection-all level	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Paravertebral facet joint block- all levels	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Sympathetic block-all levels	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Intravenous administration of local anesthetic (bier block)	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Interpleural block with tunneled catheter	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Tns application	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Spinal cord neurostimulator placement	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Percutaneous lysis of epidural adhesions	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	

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Discography- Cervical/Thoracic/Lumbar	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Idet	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Percutaneous diskectomy	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Nucleoplasty	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Annuloplasty	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Vertebroplasty	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Epiduroscopy	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Implantation of intrathecal/ epidural catheter and pump	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All peripheral nerve blocks- local anesthetic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All peripheral nerve blocks- neurolytic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All plexus blocks-local anesthetic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All plexus blocks- neurolytic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All ganglion blocks-local anesthetic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
All ganglion blocks- neurolytic	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Other _____	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Other _____	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Other _____	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	
Other _____	<input type="checkbox"/> requested	<input type="checkbox"/> not requested	<input type="checkbox"/> granted	<input type="checkbox"/> denied	

