

ANESTHESIA

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

For surgical procedures:

- General anesthesia
- IV sedation
- Local anesthetic
- Major regional block
- Nerve block
- Peripheral nerve block – up to multiple
- Spinal
- Steroid injections
- Topical

For the treatment of chronic pain:

- Intravenous ketamine infusion
- Intravenous lidocaine infusion

For the treatment of mood disorders:

- Intravenous ketamine infusion

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____