

Anesthesia Validation Form

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| Date: | Click or tap to enter a date. | Facility ID: | [Facility ID] |
| Facility Name: | [Company] | Medical Director name: | Click or tap here to enter text. |
| Facilities seeking initial survey must have performed at least ten (10) cases.To complete the application process, the facility’s Medical Director must provide confirmation of 10 cases with anesthesia within the class for which the facility is applying. Of these 10 cases, at least 2 must be of the highest level of anesthesia in that class.The facility must complete this Anesthesia Validation form demonstrating that the facility has performed the requisite cases. Submission of this form constitutes an attestation on behalf of the facility that the above criteria have been met. |

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| Surgical date: | Click or tapto enter a date. | Operating Surgeon: | Click or tap here to enter text. |
| Patient initials: | Click or taphere to enter text. | Type of anesthesia: | Click or tap here to enter text. |
| Procedure: | Click or tap here to enter text. |

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