

PROCEDURE	Procedure Title:	Procedure No.:	Page: ___ of ___
	Date of Original Procedure:	Review/Revision Date:	
	Approved by (Medical Director's Signature):	Next Review Date:	

General Description:

Patient Preparation:

<u>Procedure Steps:</u>	<u>Rationale:</u>
1.	
2.	
3.	
4.	
5.	

Equipment:

Procedure to set up, calibrate, recording required.

Precautions/Safety Measures:

Comments/Diagrams:

Specific Surgeon Needs:

References: