

<b>PROCEDURE</b>	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:**