

SIGN-IN SHEET

Date:	November 15 th , 2017	Facilitator:	Denis Patterson, DO, Mike Lewandowski, PhD, Paul Snyder, LADC		
TeleEcho Clinic:	Pain Management				

PLEASE SUBMIT COMPLETED FORM NO LATER THAN ONE WEEK AFTER THE CLINIC DATE

FAX COMPLETED FORM TO: (775) 327-5112

Name	E-mail Address	Primary Work Facility		Credential(s)	Signature
Please PRINT your name	Your e-mail address	Place of work	National Provider ID	MD/RN/etc.	*Sign here