



ENDORSEMENT FORM

By submitting your details below, you agree to be listed under the “Endorsers section” on the official Pain Patient Pathway Recommendations, attached to this form. The Recommendations will be made available on public websites and circulated at public events.

ORGANISATION	
NAME	
FUNCTION	
DATE	

Thank you for your hard work and support!

Joop van Griensven
Pain Alliance Europe



Mariano Votta
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Konrad Labuschagne
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