Pennsylvania Physicians' Reciprocal Insurers
Radnor, Pennsylvania

ANESTHESIOLOGY

(Addendum to Application for Physicians and Surgeons)

1. Do you administer anesthesia in a non-hospital setting? ❒ YES ❒ NO
   If yes, state location(s): _____

2. Do you practice medicine other than anesthesiology? ❒ YES ❒ NO
   If yes, describe _____
   _____

   Percentage of patients _____

3. a. Anesthesiology sub-specialty (if any)_____
   c. Percentage of cases compared to your total practice _____ %

4. Volume of practice:
   a. Number of times anesthesia is administered per week
      General _____
      Caudal _____
      Local _____
   b. Number of pain treatments per week _____
   c. Number of ICU patients treated (or consults) per week _____

5. Do you employ or supervise any paramedical personnel: ❒ YES ❒ NO
   If so, what types and number employed: _____

6. The type of monitoring device(s) utilized by you and those you supervise/oversee during the administration of anesthesia:

   a. Continuous electrocardiographic display? ❒ YES ❒ NO
   b. Continual blood pressure monitoring either by use of intra-arterial and electronic monitor or by use of standard blood pressure cuff with checks at regular intervals? ❒ YES ❒ NO
   c. Use of precordial, esophageal, or pretracheal stethoscope? ❒ YES ❒ NO
   d. Pulse oximetry? ❒ YES ❒ NO
   e. Temperature measuring equipment? ❒ YES ❒ NO
   f. Disconnect monitor? ❒ YES ❒ NO
   g. Oxygen analyzer? ❒ YES ❒ NO
   h. Other (please specify) _____
   i. Are all facilities where you practice so equipped? ❒ YES ❒ NO

_____ _____
PHYSICIAN SIGNATURE DATE