

OBSTETRICS AND GYNECOLOGY

(Addendum To Application for Physicians and Surgeons)

1. Do you limit your practice to gynecology only? YES NO
If yes, is your practice strictly office based? YES NO
2. Do you render prenatal care exclusive of delivery? YES NO
3. How many deliveries do you perform annually? _____
4. Do you employ, contract with, or cover for midwives? YES NO
5. Do you perform amniocentesis? YES NO
6. Does the hospital(s) you perform your deliveries in use electronic fetal monitoring routinely on each obstetrical patient? YES NO
7. Are scalp ph's available on a 24-hour basis at the institution(s) where you perform deliveries? YES NO
If yes, where are they done? location other than delivery room delivery room
8. Does your office have a sperm bank for other than interim storage for the insemination of your own patients? YES NO
9. Do you perform any type of cosmetic procedures? YES NO

Signature

Please Print Name