

OTORHINOLARYNGOLOGY

(Addendum To Application for Physicians and Surgeons)

1. Is your practice strictly office based? YES NO

2. Do you perform Plastic Surgery? YES NO

If yes, what percent of the surgery is:

a. cosmetic ___%

b. reconstructive ___%

3. Do you perform any cosmetic procedures? YES NO

4. Do you perform TMJ surgery? YES NO

If yes, explain _____

Signature

Please Print Name