

**PATHOLOGY**

**(Addendum To Application for Physicians and Surgeons)**

1. Do you routinely perform frozen sections and gross surgical pathology examinations?  YES  NO

If yes, indicate the number performed: \_\_\_\_\_

2. Are specimens subsequently submitted to a separate group of pathologists for microscopic examination and final signout?  YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you practice any form of Telemedicine?  YES  NO

If yes, indicate the percentage of your practice dedicated to such work: \_\_\_\_\_%

Where are the images derived from? \_\_\_\_\_  
\_\_\_\_\_

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