

PLASTIC SURGERY

(Addendum To Application for Physicians and Surgeons)

1. Do you perform silicone implant procedures? YES NO (number/month) _____

2. Do you perform liposuction (any type) YES NO (number/month) _____
(type) _____

If yes, submit proof of training.

3. Do you perform phalloplasty? YES NO (number/month) _____

If yes, do you perform this procedure for: Cosmetic purposes Other purposes

Explain: _____

If yes, submit proof of training

Signature

Please Print Name