

**Pennsylvania Physicians Reciprocal Insurers  
Radnor, Pennsylvania**

**FOR ALL SURGICAL SPECIALTYS**  
**(EXCEPT OB/GYN & ORTHOPEDIC SURGERY)**

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

1. Do you perform open heart surgery?  YES  NO  
If yes, indicate the number performed: \_\_\_\_\_
2. Do you perform organ transplants?  YES  NO  
If yes, indicate the number performed: \_\_\_\_\_
3. Do you perform sex change surgery?  YES  NO  
If yes, indicate the number performed: \_\_\_\_\_
4. Do you perform any of the following:
- a. Gastric resection?  YES  NO
  - b. Laparoscopic cholecystectomy?  YES  NO
  - c. Laparoscopic appendectomy?  YES  NO
  - d. Laparoscopic hernia repair?  YES  NO
  - e. Laparoscopic colon resection?  YES  NO
  - f. Other laparoscopic procedures?  YES  NO
- If yes, list procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you perform procedures in a non-hospital setting where general anesthesia/sedation is administered?  YES  NO
- a. If yes, what type of anesthesia? \_\_\_\_\_  
Where is anesthesia/sedation administered?  
 Surgicenter  Office  other non-hospital facility
  - b. Who administers the anesthesia? \_\_\_\_\_
  - c. List surgical procedures performed in office or other non-hospital facility:  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Do you have protocol regarding pre-op clearance in the office or non-hospital setting?  YES  NO
  - e. Does a professional staff member monitor the patient post-op?  YES  NO  
Is this documented?  YES  NO
  - f. Do you have formal discharge criteria?  YES  NO  
Does your discharge criteria requires that a physician discharge the patient?  YES  NO
  - g. Do you maintain a full emergency cart?  YES  NO
  - h. Do you have a written transfer agreement with a nearby hospital?  YES  NO

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE