

GENERAL SURGEONS, THORACIC SURGEONS, VASCULAR SURGEONS
(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. What percentage of your practice is:

a. General Surgery _____%

b. Vascular Surgery _____%

c. Thoracic Surgery _____%

5. Do you perform any surgery that is categorized as:

Orthopedic Surgery?

YES NO

If yes, list procedures: _____

Neurosurgery?

YES NO

If yes, list procedures: _____

6. Do you perform any of the following:

a. Gastric bubble? YES NO

b. Gastric resection? YES NO

c. Laparoscopic cholecystectomy?* YES NO

d. Laparoscopic appendectomy? YES NO

e. Laparoscopic hernia repair?* YES NO

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|----|---------------------------------|-----|----|
| f. | Laparoscopic colon resection?* | YES | NO |
| g. | Other laparoscopic procedures?* | YES | NO |

If yes, list procedures: _____

If you perform any laparoscopic procedure, please provide proof of hospital privileges for performing these procedures.

7. Do you perform any cosmetic procedures?

If yes, list procedures: _____

Signature

Please Print Name