



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

DERMATOLOGY QUESTIONNAIRE

1. Indicate which of the following you perform:

- a. Baker's chemical peels
- b. Blepharoplasty
- c. Collagen injections
- d. Cryosurgery
- e. Electrosurgical removal of benign and malignant lesions
- f. Freezing or dissection of warts
- g. Incision and drainage of boils, carbuncles, furuncles
- h. Ingrown toenail excision
- i. Laser surgery
- j. Liquid nitrogen cryotherapy: benign & malignant lesions
- k. Scierotherapy (superficial)
- l. Skin (scrape) biopsy
- m. Suturing minor skin lacerations excluding tendon repair
- n. Ultra violet light
- o. Varicose veins - lye
- p. Botox and Dermatopathology
- q. Chemabrasion
- r. Deep vein scierotherapy
- s. Dermabrasion
- t. Excision of skin cancers & benign lesions
- u. Hair transplants
- v. Liposuction
- w. Mohs' surgery
- x. Needle biopsy
- y. Scalp reductions
- z. Steroid injection for cosmetic reasons
- aa. Tumescant liposuction
- ab. Synthetic subcutaneous injections for cosmetic purposes (If yes, please provide documentation of your training)

- 2. Do you perform in-office surgery? YES NO
- 3. If a patient refuses recommended treatment, are your records clearly documented? YES NO
- 4. Who reads your slides? _____
- 5. Do you keep a log to follow up on all pathology reports? YES NO
- 6. Do you initial and date each pathology report before filing? YES NO
- 7. Do you perform any procedure in your office for which you are not credentialed in your hospital? YES NO

8. Do you have staff members performing laser procedures? YES NO
If yes, please explain which procedures are performed, which staff members are performing them
and their credentials and training for doing so: _____

9. Please specify any procedures not listed above or not generally considered part of your
specialty for which you would like to be insured:

10. Do you assist in surgery? YES NO

PHYSICIAN'S SIGNATURE

DATE