



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

PLASTIC SURGERY SUPPLEMENT

1. Have you passed the American Board of Plastic Surgery examination? Yes No

If no, how many times have you taken the test? _____

2. Are you certified by any other boards or are you a member of any medical societies?

3. What percent of your practice is cosmetic surgery? _____%

4. What percent of your practice is reconstructive surgery? _____%

5. What percent of your practice is devoted to correction of congenital defects?
_____%

6. Do you perform surgery on upper extremities? Yes No

Hands? Yes No

What percentage of your practice? _____%

Shoulders? Yes No

What percentage of your practice? _____%

Other?

Yes No

What percentage of your practice? _____%

7. Do you perform itinerant surgery?

Yes No

If yes, please explain:

a. Responsibility of post-operative supervision and care of patient:

b. List procedures done "out of town":

8. Do you perform surgery in:

Office

Out patient facility

Hospital

What anesthetics are used?

Is all anesthesia provided by trained CRNAs or Anesthesiologists?

Yes

No

If no, please explain.

9. Do you perform any experimental procedures under review by an internal review board?

Yes

No

If yes, please list:

Physician's Signature

Date

It is important that you keep us informed of any changes in your practice so that we can provide you with adequate coverage.