



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

UROLOGY SUPPLEMENT

1. Identify the following procedures you perform in your practice:
 - a. Percutaneous nephrostomy
 - b. Dilation of nephrostomy tract
 - c. Percutaneous renal or ureteral stone manipulation including ultrasonic, Electrohydrolic and/or shock-wave (ESW) lithotripsy
 - d. Chemolysis of upper urinary tract stones employing Renacidin, Suby's Solution G or similar agents
 - e. Penile prosthesis surgery
 - f. Artificial urinary sphincter surgery
 - g. Ureteroscopy
 - h. Transurethral resections
 - i. Gender reassignment surgery
 - On genetic males
 - On genetic females

Describe any additional training or experience you have had, when obtained and how many cases have been performed:

Do the individuals all have psychiatric support? Yes No

j. Robotic laparoscopic procedures

2. Do you perform itinerant surgery? Yes No
If yes, please explain:

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

b. List procedures performed "out of town": _____

3. Please specify any procedures not listed above for which you would like to be insured:

4. Do you assist in surgery? Yes No

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.