



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

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## **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.*