

**Pennsylvania Physicians' Reciprocal Insurers
Radnor, Pennsylvania**

COSMETIC PROCEDURE QUESTIONNAIRE

(Addendum to Application for Physicians)

Pursuant to recent advances in Medicine, please complete this form in its entirety and return to our office. Please check off the appropriate statement and follow the instructions. You must select one of the two statements below.

- I perform **NO** cosmetic procedures (including but not limited to lasers, injections, fillers, microderm abrasions and/or any elective cosmetic surgery). If you checked this statement, please skip questions #1-5 below, then sign and date.
- I have been or anticipate performing cosmetic procedures since/on _____.
If you checked this statement, complete questions #1-5 below, then sign and date. **It is required that you submit a copy of your Curriculum Vitae & patient consent form along with this questionnaire.**

1. What cosmetic procedures will you be performing? (please list all that apply, including but not limited to lasers, injections, fillers, micro dermabrasions and/or any other elective cosmetic surgery)

2. What training have you completed to justify performing these procedures? (please list all residencies and/or fellowships applicable & dates of completion)

3. What type of medical equipment will be utilized during these procedures? (list all that apply)

4. Approximately how many patients do you see throughout your weekly **regular** patient load?

5. Approximately how many patients per week do you see for **cosmetic** procedures?

I understand that completing/completion of this questionnaire does not guarantee this request will be granted, as an underwriting decision must be made.

Physician Signature

Date