

**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. It is required that you submit a copy of your training certificate & patient consent form along with this questionnaire.

1. What cosmetic procedures will you be performing? (please list all that apply)

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

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

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

5. Do you have a patients consent form? If so, please provide a copy.

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

Physician Signature

Date