

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

OBSTETRICS AND GYNECOLOGY
GENERAL/FAMILY PRACTICE SURGERY WITH OBSTETRICS

(Addendum to Application for Physicians and Surgeons)

1. Do you limit your practice to gynecology only? YES NO
If yes, is your practice strictly office based? YES NO
2. Do you render prenatal care exclusive of delivery? YES NO
3. How many deliveries do you perform annually? _____
4. Do you perform amniocentesis? YES NO
5. Does the hospital(s) you perform your deliveries in use electronic Fetal monitoring routinely on each obstetric patient? YES NO
6. Are scalp ph's available on a 24-hour basis at the institution(s) where you perform deliveries? YES NO
If you, where are they done? Location other than delivery room delivery room
7. Does your office have a sperm bank for other than interim storage for the insemination of your own patients? YES NO
8. Do you perform termination of pregnancies? YES NO

If YES, please provide the following information:

Location	# Performed Monthly at Each Location	Maximum Gestational Age at Each Location
Office <input type="checkbox"/>	_____	_____
Hospital <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____

List hospitals, clinics, or other facilities where your perform termination of pregnancies:

Physician Signature

Date