

GENERAL SURGERY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

Integumentary

- Surgical management of benign and malignant skin conditions
- Surgical management of benign soft tissue conditions

Upper GI

- Biopsy and aspiration
- Drainage abscess, cyst
- Excision lesion
- Gastroscopy – diagnostic +/- biopsy

Number performed in the last three years: _____



Physician name: _____ CPSID: _____ Facility applying to: _____