

**INDEPENDENT NEVADA DOCTORS INSURANCE EXCHANGE  
Physicians & Surgeons Professional Liability Application  
LIPOSUCTION ADDENDUM**

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**ATTACH TO APPLICATION**

1. What is your current medical specialty? \_\_\_\_\_
2. Describe your training related to the performance of liposuction procedures:
3. When did you first start performing liposuction procedures? \_\_\_\_\_
4. What percentage of your practice is devoted to liposuction procedures? \_\_\_\_\_%
5. Describe your criteria for determining a patient is a candidate for liposuction:
6. How many liposuction procedures do you perform: \_\_\_\_\_  
\_\_\_\_\_ Each Month (Total)?  
\_\_\_\_\_ Above the Neck?  
\_\_\_\_\_ Below the Neck?
7. Please describe where on the body you perform liposuction procedures:
8. Do you perform liposuction procedures for the purpose of weight reduction/control? Yes  No  If yes, please describe:
9. Please list and describe the facilities where you perform liposuction procedures (hospital, surgery center, office, etc.):
10. Do you advertise in any form of media including the internet? Yes  No  If yes, please list and provide copies:
11. Do you utilize an informed consent and/or patient contract outlining the risks and complications of liposuction procedures you perform? Yes  No  If yes, please provide a copy. If no, please explain.

I hereby warrant that the information contained in this application is accurate and complete to the best of my knowledge. I understand that this application shall be considered a part of the terms and conditions of my insurance policy with the Independent Nevada Doctors Insurance Exchange if a policy is issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature