

# SURGICAL PROCEDURE LIST

**(TO BE COMPLETED ONLY BY FELLOW, MEMBER, OR INTERNATIONAL APPLICANTS)**

**If you are applying for Fellow, Member, or International:**

- Complete the first column only with the numbers of surgeries performed in the 12-month reporting period.

**If you are applying for Fellow and do not hold an ABFPRS Certificate:**

- Select 35 operative reports (submit the entire report) from the categories listed below.
- Select cases in which you were the **primary surgeon**, not "assisting" or "attending".
- Selected cases should offer a good representation of the scope of your practice.
- First Column should reflect the total number of cases for the 12-month period, second column should reflect number of cases submitted.

PROCEDURE	Number Performed DATES OF 12-MONTH PERIOD REPORTED: ____ 10/03 to 10/04 ____	*35 Operative Reports Submitted for Review DATES OF 12-MONTH PERIOD REPORTED: ____ 10/03 to 10/04 ____
<b>1) CONGENITAL ANOMALIES:</b>	<b>6</b>	<b>3</b>
Cleft lip repair		
Cleft palate repair		
Choanal atresia repair		
Reconstruction of the auricle		
Surgical correction of major congenital facial deformities	<b>2</b>	<b>1</b>
<b>2) TRAUMA</b>		
Primary repair of major cervicofacial soft tissue injuries		
Open or closed reduction of facial fractures (excluding nasal fractures unless unusually complicated and limiting the number of pure closed intermaxillary fixation cases to 10)		
Laryngoplasty or tracheoplasty		
Secondary flap, graft or implant reconstruction of traumatic defects		
<b>3) HEAD AND NECK TUMORS:</b>		
Primary or secondary flap, graft or implant reconstruction of defects following tumor ablation		
Facial reanimation procedures	<b>5</b>	<b>1</b>
<b>4) COSMETIC FACIAL SURGERY:</b>		
Otoplasty		
<b>*Rhinoplasty - Not Open Reduction - (Pure Septal Surgery is unacceptable also)</b>		<b>10</b>
Mentoplasty		
Blepharoplasty	<b>25</b>	<b>10</b>
Rhytidectomy		
Scar Revision		
Procedures for correction of facial skeletal deformities		
Dermabrasion	<b>20</b>	<b>5</b>
Chemabrasion		
Hair transplantation	<b>10</b>	<b>5</b>
<b>5) OTHER:</b>		
Parotidectomy		

SAMPLE

**\*\* 35 OPERATIVE REPORTS LISTED IN THIS COLUMN MUST BE ENCLOSED WITH YOUR APPLICATION.**