



**FORM D (SUPPLEMENT TO APPLICATION): SUPPLEMENTAL QUESTIONNAIRE OPHTHALMOLOGY PROCEDURES**

If your specialty is Ophthalmology, please complete the following. In the last 5 years, please indicate by marking "Yes" which procedures you performed:

**Ophthalmology – No Surgery**

- Yes  No Eye Infections
- Yes  No Foreign Body Removal
- Yes  No Refractions
- Yes  No Tonometry

**Ophthalmology – Minor Surgery**

- Yes  No Blepharoplasty - Functional
- Yes  No Cataract Surgery
- Yes  No Chalazion Excision from Eyelid
- Yes  No Iridectomy
- Yes  No Intraocular Lens Replacement
- Yes  No Laser, No Retinal Detachment
- Yes  No Trabeculectomy

**Ophthalmology – Major Surgery**

- Yes  No Blepharoplasty -- Cosmetic
- Yes  No Corneal Transplants
- Yes  No Enucleation
- Yes  No Lid Repairs
- Yes  No Permanent Lash Liner
- Yes  No Radial Keratectomy (PRK)
- Yes  No Laser in-situ Keratomileusis (LASIK)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_