

# 50 Major, General Surgery Procedures

Date	Procedure	Facility	Surgeon's Name
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**Acknowledged and Approved as factual by: General Surgeon**

Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_