



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

08 January 2021

DEPARTMENT CIRCULAR

No. 2021- 0013

FOR : **DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), DIVISION CHIEFS OF CHD-REGULATIONS, LICENSING AND ENFORCEMENT DIVISION (RLEDs) AND HEALTH FACILITIES AND SERVICES REGULATORY BUREAU; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), REGULATORY OFFICERS, MEDICAL DIRECTORS AND OWNERS OF AMBULATORY SURGICAL CLINICS AND ALL OTHERS CONCERNED**

SUBJECT : **Survey on the Services Offered by the Ambulatory Surgical Clinics**

With the current trends and introduction of new technologies in different surgical procedures, there is a meteoric rise in the demand for ambulatory surgical care. Hence, it is imperative and timely for the Department of Health (DOH) to revise and update some provisions of Administrative Order No. 183 series of 2004, titled “Revised Rules and Regulations of Ambulatory Surgical Clinics,” dated November 16, 2004.

In line with this, the Health Facilities and Services Regulatory Bureau (HFSRB) will conduct a survey to determine the actual current services being offered by the licensed Ambulatory Surgical Clinics (ASC) in the Philippines and to seek for recommendations on additional procedures which can be safely done in an ASC, as well as the recommended competencies of the physicians and other personnel for the proposed additional procedures. Thus, all ambulatory surgical clinics whether private or government owned, regardless of specialty or service capability, are enjoined to participate in this survey.

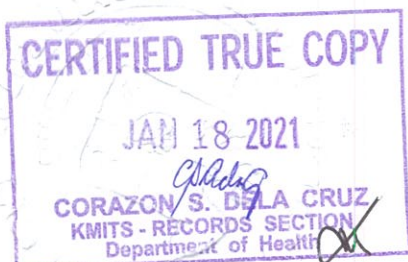
The survey questionnaire can be found in Annex A, and responses will be submitted online via this link: <https://hfsrb.doh.gov.ph/asc-survey> on or before February 12, 2021.

For further questions or details, please contact Ms. Maricar Bumalay or Mr. Ariel Cenedoza at 8743-8808 or 8651-7800 local 2525 or via email at hfsrb.sdd@gmail.com

For information and guidance.

By Authority of the Secretary of Health:

DR. MARIA ROSARIO S. VERGEIRE, MPH, CESO IV
OIC - Undersecretary of Health
Health Regulation Team



REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

COLORECTAL AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Rigid Anoscopy, Proctosigmoidoscopy		
Flexible Sigmoidoscopy		
Flexible Colonoscopy		
Polypectomy		
Incision and Drainage		
Fistulotomy		
Partial Lateral Internal Sphincterotomy		
Hemorrhoidectomy		
Open "Rubber Band" Ligation		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)
-

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Anoscope		
Biopsy forceps		
Proctosigmoidoscope		
Flexible sigmoidoscope		
Flexible colonoscope (with or without video) with accessories for biopsy/polypectomy		
Anal retractors		

Mc Givney ligator		
-------------------	--	--

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

GENERAL AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Closed tube thoracostomy		
Amputation/Disarticulation (ie. Traumatic injuries to fingers/toes)		
Excision debridement		
Incision and Drainage (ie. Abscess carbuncle, hematoma)		
Incisional/Excisional biopsy (benign or malignant lesions, soft tissue masses)		
Herniorrhapy		
Herniotomy		
Hydrocoelectomy		
Orchiectomy		
Orchidopexy		
Varicoelectomy		
Hemorrhoidectomy		
Debridement/Drainage		
Fistulotomy		
Fistulectomy		
Fissurectomy		
Sphincterotomy		
Repair of superficial wounds,traumatic injuries		
Removal of foreign bodies		
Tracheostomy		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)
-

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Closed-tube thoracostomy set (chest tubes, drainage bottle)		
Standard hernia set		
Hemorroidal clamp		
Anal dilator		
Fistula probes		
Tracheostomy set		
Vascular clamps		
Vein retractor		

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

MAXILLO-FACIAL SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Trauma Management		
Dento-alveolar fracture/ trauma		
Soft tissue injury (i.e. laceration, abrasion, contusion, penetration, burns)		
Temporary immobilization of fracture of the jaws		
Temporo-mandibular joint dislocation		
Close reduction (simple jaw fracture)		
Dental Implant		
Sinus lifting		
Lateral nerve repositioning		
Bone grafting		
Pre – Prosthetic Surgery		
Alveoloplasty/ alveolectomy		
Removal of bony exostosis (torus)		
Vestibuloplasty		
Frenectomy		
Bone augmentation		
Gingivectomy		

Enucleation		
Marsupialization		
Management of Oral Benign Lesions		
Excision		
Odontectomy		
Incision and Drainage		
Debridement		
Closure of Oro-antral fistula		
Caldwell-luc technique		
BIOPSY		
Incision		
Excision		
Aspiration		
Periodontal Surgery		
Endodontic Surgery		
Cheiloplasty		

Other Procedures (Please indicate other procedures that can be considered for ASC

Procedure not listed above)

2. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
1. Ambu bag		
2. Anesthesia machine (with tanks of gases and gauges)		
3. Autoclave		
4. Basic oral surgery instruments		
5. Cardiac monitor		
6. Dental unit/ chair		
7. Defibrillator		
8. Electrocautery		
9. Emergency cart/ tray (with emergency medicines)		
10. Endotracheal tubes (all sizes)		
11. Face mask		
12. High-speed hand piece (air-driven or motor-driven) with surgical burs		
13. Instrument table		
14. Intravenous stand		
15. Laryngoscope with adult and pediatric blades (curve and straight), spare bulb and battery		
16. Operating light		
17. Operating table		
18. Oxygen tank		
19. Peri-apical x-ray machine (with apron)		
20. Pulse oximeter (with probe)		
21. Sphygmomanometer (with stethoscope)		

22. Sterilizing tray and solution		
23. Stretcher/ Patient bed		
24. Suction machine		
25. Tracheostomy set		
26. X-ray film viewer		
For Trauma Management		
Arch bars and wires		
Splinting materials		
For Dental Implants, Implant delivery system		

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?

(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

OPHTHALMOLOGIC AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Cataract Surgery (Phaco)		
Extracapsular Cataract Extraction (ECCE)		
Secondary implantation of intraocular lens		
Scleral fixation of intraocular lens		
Intracapsular Cataract Extraction (ICCE)		
Corneal Transplant		
Glaucoma Surgery – Filtering Procedures like Trabeculectomy (Primary or Revision)		
Glaucoma Valve Implantation		
Glaucoma Surgery - Cycloablative Procedures		
Blepharoplasty		
Ptosis repair		
Entropion Repair		
Ectropion Repair		
Lid Margin Excision		
Phaco or ECCE with Trabeculectomy		
Phaco with Vitrectomy		
EDTA		
Electroepilation		
Excision of cyst		
Excision of pterygium		
Incision and curettage		
Probing and irrigation		
Punctoplasty		

Removal of silicon oil		
Removal of suture		
Tarsorrhapy		
Temporal artery biopsy		
Laser Assisted In Situ Keratomileusis (Lasik)		
Photorefractive Keratectomy (PRK)		
Other refractive procedures [e.g. Laser-Assisted Subepithelial Keratectomy (LASEK), Phototherapeutic Keratectomy (PTK), Conductive Hyperopic Keratoplasty (CK/HK/Near Vision CK)]		
Muscle Surgery		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)
-

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Major cataract set		
Major glaucoma set		
Phacoemulsification machine		
Ophtha pack		
Operating microscope		
Compressed air		
Major cataract set		
Major retina set		
Operating microscope		
Ophtha pack		
Overhead light		

Phacoemulsification machine		
Special retina instruments (Retina forceps & scissors)		
Syringe pump		
Vitrectomy machine		
Loupe		
Wetfield cautery machine		
Ophtha pack		
Minor incision and curettage set		
Corneal pachymeter Corneal topographer/ aberrometer Keratome		
Operating microscope		
Refractive laser machine		
Refractive surgery pack		
Slit-lamp		
Wetfield cautery machine		
Overhead light		
Ophtha pack		
Muscle Surgery Set		

Remarks: Other equipment/ instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

ORTHOPEDIC AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Excision of Mass		
Casting		
Wound Debridement		
Ungiectomy		
Removal of Cast/Pins		
Digital Amputation		

2. Other procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Arthroscopy set		
Balkan frame		
Basic orthopedic set (base lamps, elevator, bone drill, extractor/impactor, mallet, screw driver)		
Basic orthopedic casting set (cast cutter, spreader, scissors)		
Tourniquet		
"C" arm / Portable X-ray machine		
Traction set		
Traction weight		
Pin / Bow		
Pearson attachment for skeletal traction		
Trapeze		
Tracheostomy set		

Remarks: Other equipment/ instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

OTORHINOLARYNGOLOGIC AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Minor Excision - Cutaneous (eg. cysts/masses of the head and neck, moles, keloids, preauricular sinus cyst, skin tags)		
Minor Excision		
Minor Excision - Mucosal (eg. mucocoele, small masses, papilloma, granulation, sialolith ranula in nose and oral cavity)		
Incision or Excision Biopsy		
Punch biopsy		
Nasopharyngeal biopsy		
Fine needle biopsy		
Septoplasty / Submucous Resection		
Tympanoplasty		
Myringotomy with or without ventilation tube insertion		
Removal of aural polyp, keratosis, foreign body		
Close reduction of nasal bone fracture		
Endoscopy (rigid nasal, rigid laryngeal, flexible pharyngeal/ laryngeal)		

Endoscopic Sinus Surgery a. Polypectomy b. Antrostomy c. Turbinectomy d. Uncinectomy e. Ethmoidectomy		
Caldwell-Luc Antrotomy		
Repair of small cutaneous/mucosal lacerations, Scar revisions		
Release of ankyloglosia		
Incision and drainage of cutaneous abscess, parotid abscess, dentoalveolar abscess, subperiosteal abscess		
Incision and drainage of Peritonsillar Abscess		
Laser uvulopalatoplasty (LAVP)		
Intermaxillary/ Interdental fixation		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)
-

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Ear speculum		
Operating microscope		
Tiny packing strips		
Tympanoplasty set		
Suction with microsuction tips		
Asche forceps		
Bayonet		
Focused light		
Nasal speculum Packing strips		

Required scope with attachments: Rigid sinonasal Bersi-Ward rigid laryngeal endoscope Flexible nasopharyngeal/ laryngeal endoscope		
Rigid sinonasal endoscope		
Bayonet/nasal dressing forceps		
Elevator/freer		
Anterior punch forceps		
Ethmoidal forceps		
Nasal packing strips		
Sickle knife		
Nasal scissors		
Nasal speculum		
Chisel		
Elevator		
Ethmoidal forceps		
Forceps		
Freer		
Kerrison		
Mallet		
Punch		
Nasal packing strips		
Retractors		
Minor surgical set with tenotomy scissors		
Tongue depressor		
Focused light		
Carbon dioxide		
Focused light		
Laser		

Tongue depressor		
Arch bar		
Dental wires		
Focused light		
Retractors		
Wire cutter		
Wire holders		

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

PEDIATRIC AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
1. Anal dilatation		
2. Circumcision		
3. Cutdown		
4. Debridement of minor burns		
5. Excision/Incision biopsy of soft tissue masses		
6. Excision of anal fissure/Lateral sphincterotomy		
7. Excision biopsy of neck masses (e.g. lymph nodes, branchial cyst, dermoid cyst, etc.)		
8. Fistulotomy/ Fistulectomy		
9. Herniotomy/ Herniorrhapy		
10. Hydrocoelectomy		
11. Incision and drainage (e.g. abscess, carbuncle)		
12. Orchidopexy		
13. Proctosigmoidoscopy		
14. Rectal polypectomy		
15. Release of tonque tie		
16. Repair/suturing of		

superficial wounds		
17. Abdominal paracentesis		
18. Closed tube thoracostomy		
19. Tracheostomy		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)
-

3. EQUIPMENT

EQUIPMENT/INSTRUMENTS	YES	NO
Electrocardiogram machine with leads		
Endotracheal tubes for neonates, infants and children		
Heat warmers		
Incubators		
Sphygmomanometer with cuffs for neonates, infants and children		
Paracentesis Set		
Close Tube thoracostomy set (chest tubes, drainage bottle)		
Tracheostomy Set with T-Tubes		

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

UROLOGIC AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Circumcision		
Testicular Biopsy		
Vasectomy		
Varicocelectomy		
Hydrocelectomy		
Orchiectomy		
Urethral Calibration and Dilatation		
Cystoscopy		
Ureteroscopy		
Extracorporeal Shock Wave Lithotripsy (ESWL)		
Percutaneous Nephrostomy, Renal Cyst Aspiration, Prostate Biopsy		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Major surgical set :		
• Adson forceps (2)		
• Blade Handle (1)		
• Kelly curve (4)		

High resolution ultrasound machine with rectal probe		
---	--	--

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

THORACIC AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
A-V Fistula		
Pleural Biopsy		
Bronchoscopy a. Rigid b. Fiberoptic		
Esophagoscopy a. Rigid b. Fiberoptic		
Biopsy a. Core Needle Biopsy (CNB) b. Sentinel Node Biopsy (SNB)		
Percutaneous Needle Lung Biopsy (PNLB)		
Thoracentesis		
Vascular Access		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Plastic set consisting of:		
Blade handle		
Towel clips		
Adson forceps		
Mosquito forceps		
Vein retractor		
Scissors (Mayo/Metz/Iris)		
Needle holder		
Weitlainer		
Standard Thoracostomy set:		
Forceps (thumb/tissue)		
Blade handle		
Kelly forceps		
Towel clips		
Alligator biopsy forceps		
Biopsy forceps & brush		
Bowl		
Fiberoptic bronchoscopes		
Rigid ventilating bronchoscopes		
Fiberoptic esophagoscopes		
Rigid esophagoscopes		
Cautery pencil		
Needle, gauge 16-22, long Fine Standard thoracostomy set		
Needle, gauge 19, short		
Cutdown set consisting of:		
Blade handle		
Adson forceps		
Needle holder		

Mosquito forceps Scissors (Mayo)		
Needle (cutting)		
Towel clips (4)		

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

REPRODUCTIVE HEALTH AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Bilateral Tubal Ligation		
Polypectomy		
Cervical/Vulvar Biopsy		
Endometrial Biopsy		
No-Scalpel Vasectomy		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Minilaparotomy set		
Blade handles		
Babcock forceps (1)		
Kelly forceps, straight, long (4)		
Kelly forceps, curved (2)		
Tissue forceps (2)		
Needle holder (1)		
Apelo retractors (1 pair)		
Mayo (1)		
Metzenbaum (1)		
Towel clips (5)		
Vaginal speculum		

No-Scalpel Vasectomy		
Suture material (surgical silk 2-0)		
Vas fixing or ringed forceps		
Vas dissecting forceps		

Remarks: Other equipment/ Instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.

REGION:

NAME OF THE FACILITY:

CLASSIFICATION BY OWNERSHIP:

PLASTIC and RECONSTRUCTIVE AMBULATORY SURGERY

1. PROCEDURE OFFERED: Please check the procedures being performed in ASC

PROCEDURE	YES	NO
Cheiloplasty, Blepharoplasty, Augmentation Rhinoplasty)		
Flap/Skin Graft		
Liposuction (<2.5 liters)		
Mini Abdominoplasty		
Augmentation Mammoplasty		
Otoplasty		
APTOS Surgery		
Dermabrasion		

2. Other Procedures (Please indicate other procedures that can be considered for ASC Procedure not listed above)
-

3. EQUIPMENT/INSTRUMENTS

EQUIPMENT/INSTRUMENTS	YES	NO
Cheiloplasty, Blepharoplasty, Augmentation Rhinoplasty		
Adson forceps (2)		
Blade handle		
Caliper or ruler		
Cautery machine		
Cord handle with tip		
Mosquito forceps, curved (2)		

Kidney basin/bowl		
Needle holder (small)		
Marking instrument/gentian violet		
Skin hooks (2)		
Fine scissors		
Suture scissors		
Fine suction tip		
Towel clips (4)		
Flap/Skin Graft		
Blade handle		
Caliper or ruler		
Cord handle with tip		
Dermatome of choice		
Fine forceps (2)		
Kidney basin/bowl		
Mosquito forceps curved (2)		
Marking instrument/ gentian violet		
Needle holder (small)		
Skin hook (2)		
Fine scissors		
Suture scissors		
Fine suction tip		
Towel clips (4)		
Liposuction (<2.5 liters)		
Adson forceps (2)		
Blade handle		
Marking instrument/ gentian violet		
Needle holder (small)		
Fine scissors		

Suture scissors		
Set of liposuction cannulae		
Liposuction syringes		
Towel clips (4)		
Mini Abdominoplasty		
Blade handle		
Caliper or ruler		
Cord handle with tip		
Dermatome of choice		
Fine-tipped forceps (2)		
Mosquito forceps curved (4)		
Kidney basin/bowl		
Marking instrument/gentian violet		
Needle holder (small)		
Needle holder (medium)		
Army-Navy retractors (2)		
Richardson retractors (2)		
Fine scissors		
Suture scissors		
Skin hooks (2)		
Suction tip		
Towel clips (4)		
Augmentation Mammoplasty		
Blade handle		
Caliper or ruler		
Cord handle with tip		
Fine-tipped forceps (2)		
Mosquito forceps curved(4)		
Kidney basin/bowl		
Marking instrument/ gentian violet		

Needle holder (small)		
Army-Navy retractor		
Beaver retractor		
Fine scissors		
Suture scissors		
Suction tip		
Towel clips (4)		
Otoplasty		
Adson forceps (2)		
Blade handle		
Caliper or ruler		
Cord handle with tip		
Mosquito forceps curved (2)		
Kidney basin/bowl		
Marking instrument/gentian violet		
Needle holder (small)		
Fine scissors		
Suture scissors		
Fine suction tip		
Towel clips (4)		
APTOS Surgery		
Thumb forceps, toothless		
Kidney basin/bowl		
Marking instrument/gentian violet		
Scissors (Mayo/Metzenbaum)		
Towel clips (4)		
Dermabrasion		
Fine forceps (2)		
Dermabrasion machine		
Kidney basin/bowl		

Marking instrument/gentian violet		
Towel clips (4)		
Towel clips (4)		

Remarks: Other equipment/ instruments not listed above. Please specify.

4. What are the competencies of the surgeons and anesthesiologists that perform the above listed procedures?
(e.g. Diplomate or Fellow of a specialty society (please indicate the name of the specialty societies), number of procedures performed)

Thank You.