HCO001289-0001 ere archichice EQUIPMENT W ۲._۱ م PREMISES W Family Practitioner Committee HAMPSHIRK FP/MSL Hampite al RECEIVEL B131 (234 90 Application to join the minor surgery list Details of GP ----BARTON Surname Initials 613 FPC code number Date of first full registration Hmitres 73 with the GMC **Postgraduate qualifications** Title of qualification Date awarded

Facilities

Address at which minor surgery is to be carried out

Do your facilities meet FPC requirements? (See attached list)

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V yes	l no					

See also SFA paragraph 56, schedule 1, paragraph 7

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Relevant medical experience

Please give information about all relevant experience in the last five years (NB any references should be supplied)

In hospital and/or community posts

From	To	• Post	Employing authority
1980	 ganamando	CASUANTY OFFICER	POTSMONTH DISTRICT
1100			Homat Aughopiny
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<u>.</u> 1975 - 1975

Providing minor surgery in general practice (please give full details of services provided on a separate sheet)

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Declaration

	declare that the information his form is correct	on
Doctor's signature	Code A	
Date _	1-3-Jo.	
Practice Stamp		
THE SURGERY	n an	
Code A		

PLEASE INDICATE THE MINOR OPERATIONS YOU WISH TO UNDERTAKE WHICH WILL FORM THE BASIS OF YOUR APPLICATION FOR INCLUSION IN THE MINOR SURGERY LIST.

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MINOR OPERATIONS	PLEASE TICK	ESTIMATED NUMBER UNDERTAKEN WITHIN LAST 5 YEARS
Injections:		
intra articular varicose veins	M _O No	
Excisions:		· · · · · · · · · · · · · · · · · · ·
ganglions 	No	
ligation of varicose veins	NÔ	
MINOR OPERATIONS		PLEASE TICK
Injections:		
peri articular		
Aspirations:		
joints cysts bursae hydrocele		
Incision:	••••	• • • • • • • • • • • • • • • • • • • •
abcesses cysts thrombosed external piles		
Excisions:	• • • • • • • • • • • • •	•••••••
sebaceous cysts lipoma skin lesions for histology intradermal naevi, papillom dermatofibroma & similar co warts removal of toe nails (partia	nditions	

PLEASE TICK

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Please

MINOR OPERATIONS

Curette, Cautery and Cryocautery:

warts and verrucae other skin lesions (eg. molluscom contagiosum)

Other:

removal of foreign bodies nasal cautery (silver nitrate)

Facilities available

Sterilising: Autoclave CSSD packs available Not required for procedures applied for Good lighting facilities Washing facilities in the room Access to Path. Lab. for histology Containers and preservatives for histology Appropriate instruments Appropriate clinical waste disposal

Location of treatment room - at surgery - elsewhere

(If elsewhere, please specify)

2) MINOR OPERATION THEATRE, GWMH, GOSPORT.

Please give details of any ancillary staff who will assist you:-

D. TREATMENT MIRSES. ALL SRN. AT SURBERY 2 D.P. SISTERS & STAFT, GWMith Code A Signature of doctor:

Name (in block capitals please): J.A. BARTON

1-3-90.

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Date: