



**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	1990	CASUALTY OFFICER	POPSMOUTH DISTRICT HEALTH AUTHORITY

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

From	To	Practice address
1980	present	Regular Minor Surgery services at G.W.P.H. and occasional minor procedures at surgery premises 148 TERTON RD, GOSPORT POR 374.

The range of services shown has been carried out on a regular basis

Relevant courses

From	To	Title of course	Organiser

**Declaration**

I declare that the information on this form is correct

Doctor's signature **Code A**

Date 1-3-90

Practice Stamp  
**THE SURGERY**  
**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.

<u>MINOR OPERATIONS</u>	<u>PLEASE TICK</u>	<u>ESTIMATED NUMBER UNDERTAKEN WITHIN LAST 5 YEARS</u>
Injections:		
intra articular	NO	
varicose veins	NO	
.....		
Excisions:		
ganglions	NO	
.....		
Other:		
ligation of varicose veins	NO	

<u>MINOR OPERATIONS</u>	<u>PLEASE TICK</u>
Injections:	
peri articular	✓
.....	
Aspirations:	
joints	✓
cysts	✓
bursae	✓
hydrocele	
.....	
Incision:	
abcesses	
cysts	
thrombosed external piles	
.....	
Excisions:	
sebaceous cysts	
lipoma	
skin lesions for histology	
intradermal naevi, papilloma,	
dermatofibroma & similar conditions	
warts	
removal of toe nails (partial & complete)	

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