## THE RHINOPLASTY SOCIETY, INC. SUMMARY OF CASE NUMBERS FORM

When a nasal surgery contains more than one of the following procedures, (i.e. rhinoplasty, septoplasty, turbinectomy), list only once under the primary operation. In other words, the total list of procedures at the bottom of the page should equal the total number of individual patients upon whom you operated during the review period (being the most recent 24-months).

INSTRUCTIONS: Fill out the areas marked with the gray box and save this document with a new file name that must contain your name and SOCN at the end to indicate that this is a Summary of Case Numbers.

| SUMMARY OF CASE NUMBERS FROM:                              | TO:                           |            |
|--|-------------------------------|------------|
| This must be the most recent 24 months per PROCEDURE NAME: | iod of time same as your op i | # of Cases |
|  |                               |            |
| Septoplasty  |                               |            |
| Rhinoplasty, Primary, Complete                             |                               |            |
| Rhinoplasty, Primary, Limited                              |                               |            |
| Rhinoplasty, Secondary, Complete, w/o dista                | nt grafts                     |            |
| Rhinoplasty, Secondary, using distant grafts (             | ear, rib, calvarium ilium)    |            |
| Rhinoplasty, Cleft Lip Nose                                |                               |            |
| Nasal reconstruction, with flap (i.e. forehead             | ) w/o subsurface framework    |            |
| Nasal reconstruction, with flap, including sub             | osurface framework            |            |
| Turbinate Surgery  |                               |            |
| OTHER: Itemize Below                                       |                               |            |
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|  | TOTAL NUMBER OF CASES         | :          |
| By my name below, I affirm the above inform                | ation is correct and true.    |            |
| NAME:  | DATE:                         |            |