

## **Surgical Observership Log**

Fellow's Name: \_\_\_\_\_

Fellowship Director: \_\_\_\_\_

Please fill out the following surgical observership log with the required information. Fellows are required to observe each procedure to completion and must have the provider sign off on it.

DATE	SURGEON/ PROVIDER	FACILITY	PROCEDURE	SUPERVISOR SIGN-OFF
			RHYTIDECTOMY	
			RHINOPLASTY	
			UPPER BLEPHAROPLASTY	
			LOWER BLEPHAROPLASTY	
			BROW LIFT	
			CHIN AUGMENTATION	
			FRACTIONAL CO <sub>2</sub> LASER SKIN RESURFACING	
			RF SKIN TIGHTENING	