18A – SEQUENTIAL OPERATIVE LOG (MOC in FPRS®)

Applicant's Name _____

Report on the 12 months prior to your application date:

_____ to _____
Month/date/year Month/date/year

Report Included	Date	Patient Name	Facility	Procedure	CPT Code*

Report Included	Date	Patient	Facility	Procedure	CPT Code*

Duplicate pages as needed.

*CPT Code NOT required for Canadian applicants.

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