COPIC
Better Medicine • Better Lives

RADIOLOGY SUPPLEMENTAL APPLICATION

Diagnostic and Invasive Procedures	**Do you perform?**	
Abscess drainage	Yes	No
Aspiration	Yes	No
Biopsy	Yes	No
Diagnostic imaging—all imaging except mammography	Yes	No
Diagnostic imaging with mammography	Yes	No
Diagnostic imaging with mammography and breast biopsy	Yes	No
Lumbar discography	Yes	No
Lumbar epidural or nerve root injections	Yes	No
Myelography	Yes	No
Thoracic discography	Yes	No
Thoracic epidural or nerve root injections	Yes	No

Interventional Procedures	**Do you perform?**	
Aneurysm endovascular therapy	Yes	No
Angiography	Yes	No
Angioplasty	Yes	No
Biliary management	Yes	No
Carotid/vertebral artery stents (extra-cranial)	Yes	No
Carotid/vertebral artery stents (intra-cranial)	Yes	No
Cervical discography	Yes	No
Cervical epidural or nerve root injections	Yes	No
Dialysis graft	Yes	No
Embolization (extra-cranial)	Yes	No
Intra- and para-cranial embolization	Yes	No
Intra-arterial stroke therapy	Yes	No
Intra-arterial vasospasm treatment	Yes	No
Kyphoplasty	Yes	No
Vascular access	Yes	No
Vascular stents	Yes	No
Vertebroplasty	Yes	No

I hereby declare and warrant that all answers and statements herein given are true and complete to the best of my knowledge and that no material fact or circumstance concerning the subject matter of this survey has been omitted or withheld. I understand that these answers and statements are material and as such will be relied upon in the determination by the company to grant my liability insurance.

Full Name:

Digital Signature