

## Procedure (non-core)

### Foundation doctor

|                                |  |
|--------------------------------|--|
| Forename of Foundation Doctor: |  |
| Surname of Foundation Doctor:  |  |
| GMC Number:                    |  |

|                  |
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| <b>Procedure</b> |
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|                          |  |
|--------------------------|--|
| <b>Date of procedure</b> |  |
|--------------------------|--|

|                                   |
|-----------------------------------|
| <b>Upload additional evidence</b> |
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| Attachment(s) |
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|                                   |
|-----------------------------------|
| <b>With or without assistance</b> |
|-----------------------------------|

|                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | With assistance    |
| <input type="checkbox"/> | Without assistance |

|                |
|----------------|
| <b>Details</b> |
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### Signatures

|  |  |
|--|--|
| <b>Foundation Doctor signature:</b>      |  |
| <b>Date signed by Foundation Doctor:</b> |  |