



**Graduate Medical Education
Family Medicine Residency**

1600 S. Andrews Avenue, Ft. Lauderdale, FL 33316
Phone 954.468.5201 ♦ Fax 954.712.2996

Date: _____

_____ (Resident) has set up an **Selective Surgery*** rotation

with _____ (Physician) in the field of

_____ (Specialty Area) from

_____ to _____ (Dates).

***Selective Surgery must be with a District physician; specialties include: General Surgery, Ophthalmology, Orthopedics, Otolaryngology and Urology.**

Approved: _____

Location of Elective:

Denied: _____

_____ Address

_____ City/State/Zip

_____ Telephone #

Paula Anderson-Worts, D.O., M.P.H.
Program Director Family Medicine Residency