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Plastic Surgery Residents Questionnaire

The Black & Black Senior Residency Program is available to surgeons who have recently completed their plastic surgery training. The program is designed to ease the financial burden associated with starting your practice.

To enroll in this program please provide us with the information requested below. This information will be kept confidential.

Name _____

Current Address _____

City, State, Zip _____

Day time Phone # _____ Email address _____

Medical school where your plastic surgery training was completed: _____

Program Chief _____ Date of graduation _____

Are you planning to take a fellowship? (Yes No)

If so, where _____ In what sub-specialty _____

Where you will be practicing _____

Address _____

A Black & Black representative will be glad to assist you in your instrument purchase.

What is the best time and date to contact you _____

To express our gratitude for the chance to service your surgical needs for years to come we would like to offer you a scissor of your choice*. Please select one of our popular models from our website www.blackandblacksurgical.com. Please include your name so we can personalize your instrument. *Spring handle, angled, endoscopic, and electro-surgery scissors excluded.

Item Number _____ Laser Etch Name _____ **(Max. 15 characters)**

(Please PRINT)

Best Wishes,

A handwritten signature in black ink, appearing to read 'W. Black', written over a horizontal line.

William B. Black
President
Black & Black Surgical, Inc.