

**SCHEDULE A**

1. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon

2. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon

3. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon

4. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon

5. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon

6. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
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7. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
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8. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
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9. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon

10. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_ NPI \_\_\_\_\_  
Please check one:  Cardiothoracic Surgeon  Vascular Surgeon