

**SCHEDULE A**

\_\_\_\_\_  
(Name of Surgeon Participant Group)

1. \_\_\_\_\_, M.D.<sup>1/</sup> Address \_\_\_\_\_  
Signature: \_\_\_\_\_
2. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
3. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
4. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
5. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
6. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
7. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
8. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
9. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
10. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_
11. \_\_\_\_\_, M.D. Address \_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
<sup>1/</sup> Identify the individual executing the main body of the Participation Agreement on behalf of the Surgeon Participant group first.