Request Form for Tracking Operations and Outcomes for Plastic Surgery (TOPS) Data

**DATE OF REQUEST:**

**REQUESTOR NAME:**

**REQUESTOR TITLE:**

**ORGANIZATION NAME**:

**STREET ADDRESS:**

**CITY, STATE, ZIP CODE:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**What is/are the question/s you are hoping to answer with data? –**

**Why do you want the information? How specifically will it be used?**

**Who is the audience that will be reading the findings (i.e. professional? consumer? payor? regulatory?)**

**List of specific procedure codes (CPT Codes) for the query.**

**What is the timeframe for the TOPS data you are requesting (i.e. specific year or years?)**

**List of specific data fields (taken from TOPS form) to be used in query**

***[ASPS will charge a one-time fee for all selected TOPS data requests. Fees vary based on amount of data requested.]***