

Georgine Lamvu, M.D., MPH
Advanced Minimally Invasive Surgery and Gynecology Specialists
Orlando, Florida

Length of Fellowship (years): <input type="checkbox"/> 1-year <input checked="" type="checkbox"/> 2-years	
Optional Degrees: <input type="checkbox"/> MPH <input type="checkbox"/> MBA <input type="checkbox"/> MS <input type="checkbox"/> Other: <input checked="" type="checkbox"/> None	
Number of Faculty:	
	GYN Faculty: 9
	UROGYN Faculty:
	REI Faculty:
	ONCOLOGY Faculty:
	GU Faculty:
	General Surgery Faculty:
	Colorectal Faculty:
	Other:
Residency Program Affiliation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Computer Simulation Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Labs:	
	<input type="checkbox"/> Cadaver lab <input type="checkbox"/> Animal Lab
	<input checked="" type="checkbox"/> Dry Lab <input type="checkbox"/> None
Office Surgery: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Contract/Agreement Letter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Salary: <input checked="" type="checkbox"/> Yes (\$52000) <input type="checkbox"/> No
	Benefit Package: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	OB obligation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Moonlighting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Non-compete clause: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Malpractice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Meeting support: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Malpractice tail coverage: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other coverage obligations- specify: Gyn call
Accept J1 & H1Visa applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dedicated Research Hours: 40% research protected time	
Clinical Focus/Additional Training:	
	<input type="checkbox"/> Reproductive Surgery <input checked="" type="checkbox"/> Hysteroscopy
	<input checked="" type="checkbox"/> Endometriosis/Pelvic Pain <input checked="" type="checkbox"/> Pelvic Reconstruction
	<input checked="" type="checkbox"/> Robotic Surgery <input type="checkbox"/> Other:

