

Block Schedule Release Form

Central Schedule Fax Number: 312.579.3450

Please complete the Block Schedule Release Form and fax to Central Scheduling. Remember, a minimum of two-week notice is required in order for the physician or physician group to receive credit for unused block time.

Today's date:
Surgeon:
Dates to be released:
Reason for release (check one): <input type="checkbox"/> On Call <input type="checkbox"/> Meeting <input type="checkbox"/> Other Hospital <input type="checkbox"/> Patient Volume <input type="checkbox"/> Vacation <input type="checkbox"/> Other: _____
Comment: