ATTENTION

For Utilization Credit Submit Request as Follows:

Utilization at/over 75% = 3 Business Days Prior

Utilization below 75% = 8 Days Prior

Credit Given for Half or Full Day Releases Only

Time Options

Half Day: Mon-Thurs 0730 - 1230, Friday 0830 - 1300

Full Day: Mon-Thurs 0730 - 1730, Friday 0830 - 1730

SURGEON'S BLOCK RELINQUISH NOTIFICATION FAX

FAX TO: 541.706.6342 (Bend)
or 541.526.6568 (Redmond)
St. Charles Medical Center
Scheduling Office

Today's Date: _____

Surgeon or Group Name: _____

Contact Name: _____ Phone: _____

DATE OF BLOCK RELEASE (List each date you will be absent from your block on a separate line as shown.)	TIME
Examples:	***Examples:***
04/21/15 *- Tuesday – Half Day - Family Issues*	*0730 - 1230*
05/1/15 *- Friday - Full Day - Vacation*	*0830 - 1730*

Surgeon Signature_____ Date Signed_____

Updated: 03/14/2017