First Hill
SURGERY CENTER

1101 Madison St., Suite 200 • Seattle, WA 98104-1306

Surgeon Block Request Form

Complete below and return to: **Lanie.Dschaak@firsthillsurgerycenter.com**

Request Date:

Request Type: ☐ New Request ☐ Modify Block ☐ Relinquish Block

Surgeon or Group:

Contact Information:

Describe Request:

First Choice

Time of Day: ☐ Morning ☐ Afternoon ☐ Full Day

Day of Week: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.

Frequency: ☐ Every Week ☐ Every Other Week

Second Choice

Time of Day: ☐ Morning ☐ Afternoon ☐ Full Day

Day of Week: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.

Frequency: ☐ Every ☐ 1,3 ☐ 2,4 ☐ Other

Estimated monthly volume

Special Equipment Request: ☐ Microscopes ☐ Scopes ☐ Imaging ☐ Other

This section to be completed by Administration

Current Block Time Allocated

Day of Week: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.

Frequency: ☐ Every ☐ 1,3 ☐ 2,4 ☐ Other

Recommendation: ☐ Approved ☐ Denied ☐ Pending Review