

## Surgeon Block Request Form

Complete below and return to: [FHSCsurgeriescheduling@firsthillsurgerycenter.com](mailto:FHSCsurgeriescheduling@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                      1,3                      2,4

Other

**Second Choice**

Time of Day:                      Morning                                      Afternoon                                      Full Day

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

Frequency:                      Every Week                      Every Other Week                      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