PROVIDENCE ALASKA MEDICAL CENTER

SURGICAL SERVICES

VOLUNTARY BLOCK RELEASE FORM

Notification of release of the following block time in advance will reduce the surgeon's or group's allocated blocked OR/ENDO time. The released time will be subtracted from the blocked time allocation. The reduced hours will then be used in the calculation of the block utilization.

NOTE – Form must be received at least *one (1) week* in advance of the 1st date of release

Facility Fax Numbers: **212 – 5656**

The following surgeon or group is releasing the assigned specialty block time as indicated below to "first come / first service" status.

Surgeon or Group Name: _____

For calendar purposes, please mark all days that will be released from the blocked OR time.

April 2016						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2016						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 2016						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

☐ **Time Released:** **Monday** (from)_____:_____(to)_____:_____ **Tuesday** (from)_____:_____ (to)_____:_____

Wednesday (from)_____:_____(to)_____:_____ **Thursday** (from)_____:_____(to)_____:_____

Friday (from)_____:_____ (to)_____:_____

(Note that full block must be released – partial block time may not be released)

Submitted By: _____ **Date Submitted:** _____

Note:_____

Change made to schedule by: _____ **Date:** _____

Signed form faxed back (date / time):_____