

**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.

January 2016						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
1	1	1	1	1	1	1
0	1	2	3	4	5	6
1	1	1	2	2	2	2
7	8	9	0	1	2	3
2	2	2	2	2	2	3
4	5	6	7	8	9	0
3						
1						

February 2016						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	1	1	1	1
			0	1	2	3
1	1	1	1	1	1	2
4	5	6	7	8	9	0
2	2	2	2	2	2	2
1	2	3	4	5	6	7
2	2					
8	9					

March 2016						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	1	1	1
				0	1	2
1	1	1	1	1	1	1
3	4	5	6	7	8	9
2	2	2	2	2	2	2
0	1	2	3	4	5	6
2	2	2	3	3		
7	8	9	0	1		

• **Time Released:** Monday (from) _____ (to) _____ **Tuesday** (from) _____ (to) _____
 Wednesday (from) _____ (to) _____ **Thursday** (from) _____ (to) _____
 Friday (from) _____ (to) _____

(full or partial block may be released in hourly increments)

Submitted By:

Date Submitted:

Note:

Change made to schedule by: _____

_ Date:

Signed form faxed back (date / time):