

Corewell Health East-Block Boarding Request Form

Location requesting block for: WBUH (RO) ☐, West Bloomfield Surgery Center ☐, Troy ☐, Macomb Surgery Center ☐, Grosse Pointe ☐, Farmington Hills ☐, Dearborn ☐, Taylor ☐, Trenton ☐, Wayne ☐

Date:	Physician:		
Phone:	Office Scheduler and Email:		
Fax No:			

Check One: New ☐ Change ☐ Delete (Permanently Release) ☐

Please provide your estimated annual volume:

Please provide your most common procedures and CPT codes:

1st Choice	Day of Week: Requested:	Frequency <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> 1 st wk <input type="checkbox"/> 2 nd wk <input type="checkbox"/> 3 rd wk <input type="checkbox"/> 4 th wk <input type="checkbox"/> 5 th wk	
	Hours: <input type="checkbox"/> 2 Hr. <input type="checkbox"/> 4 Hr. <input type="checkbox"/> 5 Hr. <input type="checkbox"/> 6 Hr. <input type="checkbox"/> 8 Hr. <input type="checkbox"/> AM <input type="checkbox"/> PM	Area (check all that apply): <input type="checkbox"/> IP SURGERY <input type="checkbox"/> OP SURGERY <input type="checkbox"/> ROBOT – Type _____	
	Comments:		
2nd Choice	Day of Week: Requested:	Frequency <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> 1 st wk <input type="checkbox"/> 2 nd wk <input type="checkbox"/> 3 rd wk <input type="checkbox"/> 4 th wk <input type="checkbox"/> 5 th wk	
	Hours: <input type="checkbox"/> 4 Hr. <input type="checkbox"/> 8 Hr. <input type="checkbox"/> 5 Hr. <input type="checkbox"/> 10 Hr. <input type="checkbox"/> 6 Hr. <input type="checkbox"/> 12 Hr. <input type="checkbox"/> AM <input type="checkbox"/> PM	Area (check all that apply): <input type="checkbox"/> IP SURGERY <input type="checkbox"/> OP SURGERY <input type="checkbox"/> ROBOT – Type _____	
	Comments:		

Please Email, Fax or Deliver to Email: cheblockadmin@Corewellhealth.org

Note: All block requests will be reviewed based on demonstrated volume, availability of resources and impact to other areas per policy. You will be notified regarding the request status, and a copy of this form will be returned to you for your records. Thank you for your support!

Note: Appropriate block utilization must meet or exceed 70% in order to maintain block allocation per policy.

To Be Completed by Hospital Personnel		
Block Description	<input type="checkbox"/> Approved <div style="border-top: 1px solid black; display: flex; justify-content: space-between;"> Kathy Penley Date </div>	<input type="checkbox"/> The time &/or days you requested are not available now. Your request will be kept on file and put on a waiting list. Please call if other days/times are possible for your schedule.
Effective Date:		
Notified: _____ Date: _____		