·	☐ Meijer Heart Center☐ Lake Drive Surgical Center☐ Pennock☐ Reed City☐ Grand Haven Center (GHC)	·
PRINT CLEARLY		
Today's date		
For questions contact		Phone
Surgeon name: First	Last	
Note: By sending the for any other	me?	ill be released and not reserved
Release the following: (se	lect one) □ Entire day □ AM b	lock □ PM block □ Partial block
	pecify release start and end tim End time	ne (2 or more hours).
	a partial block to be accepted. I	as 2 hours. A minimum of 2 hours Requests resulting in less than
Block time is on what day(s)	of the week? □ Monday □ Tuesda	y □ Wednesday □ Thursday □ Friday
Block released due to: Vacation Conference Medical leave Other		

Corewell Health SURGERY BLOCK RELEASE

When completed, email to surgicalsched@corewellhealth.org. Block releases should be emailed no later than 12 p.m. the day prior to block drop.

Statement of Confidentiality: Records, data, and knowledge including minutes collected for and by individuals and committees, or committees assigned peer review functions are confidential, are not public records and are not available for court subpoena in the accordance with MCL333.20175, 333.21513, 333.21515, 331.531, 331.532, and 331.533.