

Group block name \_\_\_\_\_

Group block specialty \_\_\_\_\_

Contact \_\_\_\_\_

Contact information/Email \_\_\_\_\_

Block location \_\_\_\_\_

Block day(s) of week and week of month \_\_\_\_\_

Appeal reason

Rationale for request

Action plan for improving utilization if block is retained

**Submit completed form. Please follow the instructions below.**

1. Email to: [surgendoblockadmin@spectrumhealth.org](mailto:surgendoblockadmin@spectrumhealth.org)
2. Email subject line - include the following:
  - a. Block Appeal - Group Name
  - b. Block Location
3. Attach completed Block Appeal form

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Appeal Reviewed \_\_\_\_\_  Approved  Denied

Notification \_\_\_\_\_