



**NOTE: Information with \* must be complete.**

Date of request \_\_\_\_\_ \*  New  Change  Deletion Start date \_\_\_\_\_

Name of surgeon \_\_\_\_\_

Office address \_\_\_\_\_

Surgeon group name \_\_\_\_\_

What is your specialty? \_\_\_\_\_ Office manager name \_\_\_\_\_

Contact information: Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

**For which Spectrum Health Site does this Request/Change/Delete apply?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Blodgett Hospital          | <input type="checkbox"/> Butterworth Hospital           | <input type="checkbox"/> Helen DeVos Children's Hospital |
| <input type="checkbox"/> Lake Drive Surgical Center | <input type="checkbox"/> South Pavilion Surgical Center | <input type="checkbox"/> Zeeland                         |
| <input type="checkbox"/> Pennock                    | <input type="checkbox"/> United/Kelsey                  | <input type="checkbox"/> Big Rapids                      |
| <input type="checkbox"/> Reed City                  | <input type="checkbox"/> Ludington                      | <input type="checkbox"/> Gerber                          |
| <input type="checkbox"/> Grand Haven                |   |  |

**FOR REQUESTS OF NEW/ADDITIONAL BLOCK TIMES**

Will this block be used by the group or an individual only?  Group  Individual

Preferred day of the week \_\_\_\_\_ **NOTE:** • Blocks should be in full day blocks.

Desired frequency? \_\_\_\_\_ **NOTE:** • Half day blocks will be granted only after special consideration or if another block can complete the full block.

(Example: every day, every week, bi-weekly, etc.)

Preferred time of the day:  AM  PM  All day

**\*What percent of your cases do you think will be:** Inpatient \_\_\_\_\_ % Outpatient \_\_\_\_\_ %

Rationale for additional or new block time \_\_\_\_\_

**FOR REQUEST TO CHANGE BLOCK TIME**

What day of the week is the block you wish to change? \_\_\_\_\_

What is the frequency of the block you wish to change? \_\_\_\_\_

(Example: every day, every week, bi-weekly, etc.)

What site is this block \_\_\_\_\_

Explain how you wish to change this block \_\_\_\_\_

Rationale for change \_\_\_\_\_

**FOR PERMANENT DELETION OF BLOCK**

What day of the week is the block you wish to delete? \_\_\_\_\_

What is the frequency of the block that you wish to delete? \_\_\_\_\_

Do you wish to delete all blocks?  Yes  No

If this a group block, do all members agree?  Yes

**When completed, FAX or email this form to 616.643.9290 or [surgendoblockadmin@spectrumhealth.org](mailto:surgendoblockadmin@spectrumhealth.org)**

Note: All block request changes will be reviewed with directors and site managers of Perioperative Services.

You will be notified regarding the status of your request (pending, granted, denied, etc.).

Contact Scheduling if you have any questions. Office: 616.643.9283

**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.