



Surgery Block Time Release Form

Physician /Group: _____

Date of Block Release: _____

Release for Release

_____ Vacation

_____ Professional

_____ Other

Block released by: _____ Date: _____

Form received by: _____ Date: _____

Confirmation email sent to surgeon's office and IT block manager by:

Name: _____ Date: _____

Release notice must be received two weeks in advance to be credited for utilization.