



Surgery Scheduling Block Request Form

I would like to request the following block day/time: (Please indicate choice below) Individual Block or Office (Group) Block for HSHS St. John's.

Individual Block _____ Group Block _____

Please mark your first choice as "1", second choice as "2", and third choice as "3". Then, once this form is printed, please circle the appropriate amount of block time for that choice (e.g., 7:30-11:30). Lastly, please indicate the frequency of the block, based on a 5 weekday frequency.*

Main OR

Choice Rank	Day of Week	Block Time	Block Time	Block Time	Frequency (weekly or other*)
	Monday	7:30 – 15:00	7:30 – 11:30	11:30 – 15:00	
	Tuesday	7:30 – 15:00	7:30 – 11:30	11:30 – 15:00	
	Wednesday	7:30 – 15:00	7:30 – 11:30	11:30 – 15:00	
	Thursday	7:30 – 15:00	7:30 – 11:30	11:30 – 15:00	
	Friday	7:30 – 15:00	7:30 – 11:30	11:30 – 15:00	

Outpatient Surgery Center OR

Choice Rank	Day of Week	Block Time	Block Time	Block Time	Frequency (weekly or other*)
	Monday	7:30 – 15:00	7:30 – 12:00	12:00 – 15:00	
	Tuesday	7:30 – 15:00	7:30 – 12:00	12:00 – 15:00	
	Wednesday	7:30 – 15:00	7:30 – 12:00	12:00 – 15:00	
	Thursday	7:30 – 15:00	7:30 – 12:00	12:00 – 15:00	
	Friday	7:30 – 15:00	7:30 – 12:00	12:00 – 15:00	

*HSHS St. John's uses a 5 weekday approach to scheduling. A surgeon can request an every-week block or any combination of the 5 weekdays per month (e.g., 1st, 3rd, and 5th Tuesdays, or 2nd and 4th Tuesdays). Note that the 5th weekday of a day of the week occurs infrequently.

Please estimate the number of patients per month that you anticipate to bring to surgery and the approximate amount of total operating room time you will need. _____



Printed Name

Signature

Date

Your request will be sent to the OR committee and the scheduling sub-group for the OR committee for review. You will be notified in writing by the OR Committee chair and the surgery director when a decision for block allocation has been approved.

If you have questions, please call the surgery director at 217-544-6464, extension 51658

SJS-RS-SurgeryScheduling@hshs.org

Fax: (217) 757-6018