

ATTENTION

Utilization Credit is given for Full Block Releases received 30 days in advance of block date.

Blocks automatically release 3 days prior to block date. *Example: Thursday blocks release at 12:30am on Monday morning.*

SURGICAL & PROCEDURAL BLOCK RELEASE NOTIFICATION FAX

**FAX TO: 541.706.6342 (Bend)
or 541.526.6568 (Redmond)
St. Charles Health System
Scheduling Office**

Today's Date: _____

Physician or Group Name: _____

Contact Name: _____ Phone: _____

DATE OF BLOCK RELEASE (List each date you will be absent from your block on separate lines as shown.)	TIME (List the time you are releasing)
<i>Examples:</i>	<i>Examples:</i>
<i>04/26/19 - Friday - Vacation Day</i>	<i>0830 - 1730</i>
<i>05/23/19 - Thursday - Release after first two scheduled cases - Lack of Patients</i>	<i>1030 - 1730</i>

Representative Signature _____ Date Signed _____