



Statement of Staff Resignation

I hereby resign privileges of the **St. Charles Bend and Redmond** Medical Staff.

Effective date of resignation: _____

I hereby resign privileges of the **St. Charles Madras** Medical Staff.

Effective date of resignation: _____

I hereby resign privileges of the **St. Charles Prineville** Medical Staff.

Effective date of resignation: _____

Forwarding Practice address (if known): _____

Forwarding Home Address (if known): _____

I attest that I am making this request of my own volition and not as a result of plea bargaining in lieu of any request to do so or investigation by the hospital or the medical staff.

I also agree that my patient's medical records shall be complete, including history and physical, operative reports, consultations, discharge summary or note, and final diagnosis prior to my effective date of resignation.

Please return the completed form to medicalstaffservices@stcharleshealthcare.org or fax the form to 541-706-4798.

Signature

Print last name

Date