



# SURGICAL & PROCEDURAL BLOCK REQUEST

DATE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

*Physician or Group Name*

*Contact Name and Phone Number*

Facility:  Bend  Redmond

Unit:  OR  MDU  CATH LAB

### 1. Check One:

I am requesting New or Additional block time.

Rank your top three choices for assigned day of the week (1 being first choice):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Anticipated # Cases Per Block Day:

Average Duration (wheels in/out):

Anticipated % of inpatient admission:

Ratio of adult to pediatric cases:

Please indicate your specialty most common procedure(s) performed:

I am requesting a change to my block time. Describe:

I am relinquishing (forfeiting) my assigned block. List the day(s) relinquished:

I am requesting that all or a portion of my block be excluded from the automatic release.

*Note: Current policy is that unfilled block time automatically releases 7 days prior to procedure (14 for robotics). Describe what release exclusion you are seeking:*

### 2. Additional Comments (for example, special equipment, supplies or staffing requirements):

### 3. Return completed form via Email to: [blockrequests@stcharleshealthcare.org](mailto:blockrequests@stcharleshealthcare.org)

#### MEETING SCHEDULES & PROCESSING TIMELINES

*The Bend Committee normally meets the 3rd THURSDAY of each month. The Redmond Committee normally meets the 3rd TUESDAY of each month. Decisions are generally communicated the day following the meeting.*

#### REQUEST DISPOSITION (For Committee Use Only)

Approved

Assigned Day(s):

Room\*:

Denied

Decision Date:

Effective Date:

Committee Comments:

\*Actual room location may vary to accommodate daily operational resource needs.