



## 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.*