



Please send completed form to Darci Cabezas.

Scan & Email: darci.cabezas@mercyhealth.com

Fax: 616.685.8988 ATTN Darci Cabezas

Surgeon Block Request Form

Date of Request: _____

Name of Surgeon: _____ Office Name: _____

Office Manager Name: _____ Phone #: _____

Type of Request: New Change

Type of block: Group Individual

Please provide top 3 preferences * **A minimum of 75% of the block must be consistently used.**

Preference #1:

Preferred day of week: Monday Tuesday Wednesday Thursday Friday

Frequency: _____

(*Every week, every other week, first and third week, etc.)

Preferred Time of Day: AM PM All Day

Preference #2:

Preferred day of week: Monday Tuesday Wednesday Thursday Friday

Frequency: _____

(*Every week, every other week, first and third week, etc.)

Preferred Time of Day: AM PM All Day

Preference #3:

Preferred day of week: Monday Tuesday Wednesday Thursday Friday

Frequency: _____

(*Every week, every other week, first and third week, etc.)

Preferred Time of Day: AM PM All Day

Expected Volume: Annual _____ Inpatient _____% Outpatient _____%

Special Equipment Needs: _____

Comments (optional): _____