



**PERIOPERATIVE SERVICES
SURGERY BLOCK RELEASE NOTIFICATION**

In order to release scheduled block time, please complete this form and fax to the PCH Surgery Schedulers at (602) 546-1553. If you have any questions, please call the Surgery Schedulers at (602) 546-1530.

PHYSICIAN INFORMATION:

Physician name: _____

Office phone number: _____

RELEASE INFORMATION:

Name of block (physician's name or group name): _____

Location of block: Main O.R. Surgery Center Endo/Bronch

Block date and time: _____

ADDITIONAL INFORMATION:

Physician Scheduler Signature

Date