CEDARS-SINAI

BLOCK RELEASE REQUEST

(310) 423-3786
Fax: (310) 423-0135
Email: centralschedulers@cshs.org

Your block utilization will be credited for any block time released 15 or more days in advance. Please use this form when you are releasing any block time for planned vacations, conferences, etc.

Today's Date: _____

Surgeon's Name: _____

Facility (310/Main OR/AHSP) _____

Room #: _____

Date & Time to be Released: _____

Scheduler / Requestor: _____

Contact #: _____

Reason for Releasing Block (Select a box below):

☐ Booked for Another Case ☐ Clinic Appt ☐ Meeting/Conf

☐ Personal Related ☐ Sick ☐ Vacation

When releasing block time to another Surgeon, please select from the options below:

Please note that this time will not be credited

☐ **Releasing time to own Group**

Block Released to: _____

Releasing MD Signature (Required): _____

☐ **Releasing time to another MD**

Block Released to: _____

Releasing MD Signature (Required): _____

Revised on: 6/14/2016