



**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