



**Surgical Scheduling (Posting)
(Fax: 443-843-6043)**

VOLUNTARY BLOCK TIME RELEASE

UM UCMC OR UM HMH

PLEASE CIRCLE FACILITY

SURGEON or GROUP BLOCK TIME: _____

DAY:	DATE:	TIME:

**PLEASE FAX THIS FORM TO SURGICAL SCHEDULING (443-843-6043)
PRIOR TO THE RELEASE OF YOUR BLOCK.**

REQUESTED BY (OFFICE TEAM MEMBER): _____

RELEASED BY (POSTING TEAM MEMBER): _____