CLEAR PRINT

APPLICATION FOR OUTPATIENT SERVICE

Reply to:

_____
HOSPITAL NAME

1. Names, qualifications and experience of person responsible for the service: _____

_____

_____

2. Number of physicians providing services: _____
3. Number of dentists providing services: _____
4. Number of podiatrists providing services: _____
5. Are all physicians, dentists and podiatrists who provide services members of the medical staff? ☐ YES ☐ NO
6. Number of outpatient visits annually: _____
7. Briefly describe scope of services provided: _____

_____

_____

_____

_____

_____

_____

_____

8. Types of operative procedures performed, if applicable: _____

_____

_____

9. Types of anesthesia provided, if applicable: _____

_____

10. Number of licensed nurses assigned to the service: _____