

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: _____