

GOLF SURGICAL CENTER

Request for Medical Staff Application

Continued

HOSPITAL MEMBERSHIP – CURRENT AND PENDING

Please provide the complete name of the Department Chairman and his/her FAX # for EACH hospital listed.

A. Primary Hospital _____

Department Chairman _____ FAX # _____
First Name Last Name Degree

B. Other Hospital _____

Department Chairman _____ FAX # _____
First Name Last Name Degree

C. Other Hospital _____

Department Chairman _____ FAX # _____
First Name Last Name Degree

Board Certified? _____ Yes _____ No

Signature of Applicant

Date

Medical Director

Date

Licensed Physician of Same Specialty

Date

Chairman, Executive Committee

Date