



600 Central Ave. Ste 265 | Highland Park, IL 60035  
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## REQUEST TO REMOVE CLINICIAN

In order to remove a clinician, the Clinic Administrator must sign this request:

I authorize and request that the Clinicians listed below be removed from Clinic ID# \_\_\_\_\_

Clinicians to remove (Print): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinic Administrator Name (Print): \_\_\_\_\_

Clinic Administrator Name (Sign): \_\_\_\_\_

Date: \_\_\_\_\_