



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

In order to remove a physician, the facility director must sign this request:

I authorize and request that the physicians listed below be removed from Facility ID# \_\_\_\_\_

Staff members to remove (Print):

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Medical Director Name (Print):

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Medical Director Name (Sign):

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