



600 Central Ave. Ste 265 | Highland Park, IL 60035  
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### Current Staff Identification

Please List All Physicians Performing Any Procedures

- Information Changes Noted Below       No Information Changes

Name of Oral & Maxillofacial Surgeon: \_\_\_\_\_

Specialty(s): \_\_\_\_\_

State Medical License #: \_\_\_\_\_

ABMS/AOABOS Certifying Board: \_\_\_\_\_

Year Certified or Eligible: \_\_\_\_\_

Local Accredited or Licensed Acute Care Hospital at Which Surgeon Has Current Admitting Privileges:

\_\_\_\_\_

Department or section: \_\_\_\_\_

Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all surgical procedures that they perform at this facility?

YES List Hospital(s): \_\_\_\_\_

NO

- .....  
 Information Changes Noted Below       No Information Changes

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YES List Hospital(s): \_\_\_\_\_

NO

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