7500 Grand Ave, Ste 200 | Gurnee, IL 60031
(direct) 847.775.1970 | (fax) 847.775.1985
info@QuadA.org

QUAD A
7500 Grand Ave, Suite 200
Gurnee, IL 60031

RHC Clinic Identification Form

☐ **No Information Changes** ☐ **Information Changes Noted Below**

Clinic Identification Number

Name of Clinic

Name of Clinic Medical Director (must be at a minimum a medical staff)

Address **Suite**

City **State** **Zip**

Phone **Fax**

Website **Email**

Name of Clinic Owner, Controlling Stockholder and/or Beneficial Ownership *(List additional names on separate sheet)*

Clinic Licensure **Date**

☐ **Not Previously Accredited by Other Accrediting Organization**

☐ **Previously Accredited by Other Accrediting Organization**

Name(s) of Other Organization:

Initial Survey Date **Class**

Last Re-Survey Date **Class**

X

Clinic Administrator's Signature **Date**