



600 Central Ave. Ste 265 | Highland Park, IL 60035  
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**REQUEST TO REMOVE STAFF**

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

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

Staff member to remove (Print): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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