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## **REQUEST TO REMOVE PHYSICIANS**

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 #: \_\_\_\_\_

Physicians to be removed (Print): \_\_\_\_\_

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Medical Director Name (Print): \_\_\_\_\_

Medical Director Name (Sign): \_\_\_\_\_

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