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**REQUEST TO REMOVE**  
**STAFF**

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 Clinic# \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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