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REQUEST TO ADD DENTIST

Each dentist, using the facility must be credentialed and qualified for the procedures they perform.

In order to add a dentist to staff the facility director and the new dentist must sign this request as well as include the following credentials:

- Copy of current Medical License/Dental License
- Copy of Board Certification
- Delineation of Hospital Privileges (If applicable)

I authorize and request that the dentist listed below be added to Facility ID # _____

New Dentist Name: _____

Facility Director Signature: _____

AUTHORIZATION TO RELEASE INFORMATION

In furtherance of my facility's application for accreditation and continued accreditation by SFR/American Association for Accreditation of Ambulatory Surgery Facilities International, Inc., I hereby request and authorize any hospital, any dental clinic staff or any other dental organization with which I am now or have been affiliated to provide information concerning my current or former status with such organization(s). I hereby release from liability any hospital, dental clinic staff or other dental organization for acts performed in connection with the collection of evaluation and submission of such information concerning my status to SFR/American Association for Accreditation of Ambulatory Surgery Facilities International, Inc.

Name of New Dentist

X _____
Signature of New Dentist