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### REQUEST TO ADD PHYSICIAN

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

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

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

I authorize and request that the physician listed below be added to Facility ID # \_\_\_\_\_

New Physician 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 medical staff or any other medical 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, medical staff or other medical 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 Physician

X \_\_\_\_\_  
Signature of New Physician