



7500 Grand Ave, Suite 200  
Gurnee, Illinois 60031

Toll Free: 1-888-545-5222  
Phone: 847-775-1970  
Fax: 847-775-1985  
reception@aaaasf.org  
www.aaaasf.org

## **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): \_\_\_\_\_