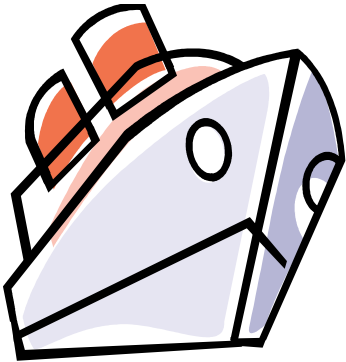


TIME OFF



Please let us know when
Your Doctors will be away

Doctor Name: _____

Dates and Reason the Doctor is away: _____

(e.g., vacation, conference, at other facility)

Please complete & Fax to

856-247-7818

Thank You!



SUMMIT
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Voorhees, NJ 08043
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