

Practice Description

We are pleased you are applying to the Medical Staff of Northwest Hospital & Medical Center. Please provide this information for general purposes. It will not affect your application.

Name: _____

Specialty: _____

Special Interest/Focus: _____

Anticipated Start Date at Northwest Hospital & Medical Center: _____

PRACTICE:

Please provide a brief description of your primary practice:

How will you be involved with Northwest Hospital & Medical Center?

What is/will be the location of your primary clinical practice?

Will Northwest Hospital be your primary hospital affiliation?

Yes No

If no, which hospital will be your primary affiliation? _____

What approximate percentage of your practice will be at Northwest Hospital & Medical Center?

What is your anticipated patient volume at Northwest Hospital & Medical Center?

Consultations: _____ Admitting: _____ Procedures: _____