

MEDICAL OR PERSONAL APPOINTMENT TIME REQUEST

If you have a medical or personal appointment, you must give us eight days or more prior notice. If less notice is given, you must present a copy of your bill or appointment card to substantiate the appointment date.

Date and time requested: _____

Purpose: _____

Expected return : _____

Print Name: _____

Signature: _____ Date _____

Approved by: _____ Date _____

This form must be completed and sent immediately to Patty Cardwell in Masury, Ohio.