

NeuroDiagnostic Institute Space Utilization Request

Please complete all appropriate sections of this form and submit it to Physical Plant Director. All requests for changes in the utilization of space will be discussed at the next regularly scheduled Business Operations Committee (BOC).

Date: _____ Requested by: _____ Title: _____

Please provide a detailed explanation in the text box below of:

- How the space is currently being used
- Changes you would like to make in the space
- Reason for changes or how the proposed changes would improve patient care
- Service Line/Cluster or other parties involved
- Date you would like changes to be implemented
- Include room numbers
- Any additional information that might be helpful for the committee to make an informed and fair decision.

This request must be signed by the Executive Council representative of the person submitting the form and the executive council representative of any other service line or cluster the change would involve.

Explanation of Request:

Executive Council representative of person making the request.

Printed Name/Date

Signature

Executive Council Representative of additional Service Line or Cluster

Printed Name/Date

Signature