



MOCAP PHYSICIANS ADDITION/DELETION REQUEST FORM

CALL GROUP NAME: _____

SITE (FACILITY): _____

GROUP MEMBERS TO ADD/DELETE:

PHYSICIAN NAME (INCORPORATED NAME IF APPLICABLE)	MSC #	ADDITION	DELETION
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Submitted by MOCAP Call Group Leader: _____
Name (please print)

Signature

Date

For physicians (including locums) being added to the Call Group, complete this form and forward to:

**Finance, Physician Compensation
Nanaimo Regional General Hospital
1200 Dufferin Crescent
Nanaimo BC V9S 2B7**

Facsimile: 250-740-2663