## Providence Alaska Medical Center

Following recommendations from the US Surgeon General, The American College of Surgeons, and Governor Dunleavy, we have taken steps to ensure the safety of the community and our caregivers. As such, all elective procedures are postponed until June 15, 2020.

Surgeons are requested to complete this attestation form, along with a current History and Physical when submitting a case scheduling request. The case will then be reviewed by the Surgery Review Committee prior to approval.

After careful review of this procedure with the patient, this procedure she because (initial):	ould not be delayed		
There is a threat to the patient's life if not performed			
This is a high acuity procedure/unhealthy patient			
Further harm is likely due to underlying disease/condition			
There is risk of metastasis or progression of illness if not performed  There is a high potential for morbidity or mortality if postponed  This procedure must be done within (circle one): 12 hours, 24 hours, 1 week, 2 weeks, 1 month.			
		Please fill in the comment box below to provide additional information f Committee regarding this particular request:	or the Surgery Review
Patient Name	DOB		
Surgical Procedure	DOS		
Physician Name (Print)	Date		
Physician Signature			