



736 Irving Avenue
West Tower/ 4th Floor
Syracuse, NY 13210
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TO: President of the Medical Staff
Medical Affairs
Crouse Hospital
736 Irving Avenue
West Tower/ 4th Floor
Syracuse, NY 13210

FROM: _____

SUBJECT: **STATUS CHANGE**

Dear Doctor:

Due to my circumstances, I do request to change my **Status (ex: Active, Courtesy, Consulting or Senior)** at Crouse Hospital:

From Current Status _____ to _____

Primary Hospital Affiliation: _____

Respectfully Submitted,

Signature

Print Name