

**TMC Hospital Hill**

***Cardiology Fellow Clinic Cancellation***

Date form submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Dates: \_\_\_\_\_

During this time, please cancel the following clinics:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Note:*** *If request is not submitted at least 30 days in advance, please provide name of provider covering for you:*

\_\_\_\_\_

Please send copy to Janice Altic.  
If she is not available, please give copy to Dan Love.