



Date: _____

MEMO TO: Health Information Services
All Nursing Units

FROM: Regional Lead-Medical Services & CMO

RE: **NOTICE OF SUSPENSION**

As of this date, Dr. _____'s admitting and treatment privileges have been suspended until further notice.

Regional Lead-Medical Services & CMO /Chief of Staff/Designate

CC: Chief Executive Officer (CEO)
Regional Manager Health Information Services
Facility Health Information Services