



MEDICAL STAFF INFORMATION SHEET Residents/Medical Students

Medical Staff Services

St. Luke's Hospital
5901 Monclova Rd.
Maumee, OH 43537
Phone: 419-893-5917
Fax: 419-891-8084

Please provide the following information to complete your requested rotation at St. Luke's Hospital.

Name: _____ Cell Phone: _____

Year in Training: _____

Current Training Program: _____
(Hospital / Medical School / Teacher Service)

Liability Insurance Carrier: _____
(Please attach copy of face sheet for insurance.)

Teaching Service	Attending Physician	Date of Service From ____ to ____

Date: _____ Signature: _____

**Submit or fax this form to the Medical Staff office,
no later than one (1) week prior to your rotation experience.**