

Facility Information

Facility Name:
Address:
Parking Available:
Total Square Footage (provide floorplans):
Describe how the proposed facility meets the requirements specified in Facilities Requirements Section 4.2. Please include a description of how the applicant/recipient will get to the facility using all modes of transportation.

ATTACH A COPY OF THE LEASE COMMITMENT LETTER AND FLOORPLAN TO FORM

**ANCILLARY TESTS AND EQUIPMENT AVAILABLE
AT THIS LOCATION**

Test Performed	Equipment Type	Manufacturer	Model	Age	Calibration/Service Requirements

NOTE: If offsite facility is proposed for ancillary testing at this location, attach a letter of commitment from the facility(ies).

**PROPOSED APPOINTMENT SCHEDULE DAYS/HOURS OF OPERATION
AT THIS LOCATION**

List all physician specialties and hours present to cover mandatory and optional services

DAYS	SPECIALTY	HOURS COVERED
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		