

Request For Proposal

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Phone/Fax: 563-927-6183



5825 Dry Creek Lane NE, Cedar Rapids, Iowa 52402

Phone: (319) 368-3619 * Fax: (319) 368-3326

www.healthenterprises.org

Facility Name _____

Facility Address _____

(City, State and Zip)

Contact Person _____ Title _____

Phone No. _____ Fax No. _____

E-mail _____

Number of full-time, locally-based surgeons _____ Specialties? _____

Number of visiting surgeons _____ Specialties? _____

Who performs deliveries? Family Practice OB-GYN Other _____

Who performs C-Sections? General Surgeon OB-GYN Other _____

Total number of the following procedures, annually, for the last three years:

Deliveries _____ 2010 _____ 2009 _____ 2008

C-Section Births _____ 2010 _____ 2009 _____ 2008

Scheduled Surgical Procedures _____ 2010 _____ 2009 _____ 2008

Unscheduled and After-Hours
Surgical Procedures _____ 2010 _____ 2009 _____ 2008

Please explain why your hospital is evaluating different anesthesia services.

Please list, including a brief description of, the anesthesia equipment.

Date you would like the proposal returned to you. (Please allow a three-week minimum for preparation.) _____

Iowa Anesthesia, L.C. requires all proposals be kept in confidence. A confidentiality agreement will be forwarded to you upon receipt of this request for proposal. A signed original of that agreement must be returned to the Iowa Anesthesia offices at Health Enterprises before a proposal can be released.

MAIL COMPLETED REQUEST TO IOWA ANESTHESIA, L.C. AT EITHER ADDRESS ABOVE.