Request For Proposal

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:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Section Births</td>
<td></td>
<td></td>
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<tr>
<td>Scheduled Surgical Procedures</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unscheduled and After-Hours Surgical Procedures</td>
<td></td>
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</tr>
</tbody>
</table>

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.