

Boarding Office (810) 667-5660
Surgery Fax (810) 667-5658

McLaren Lapeer Region
LAPEER, MI 48446
SURGERY DEPARTMENT

SURGERY / PROCEDURE INFORMATION

Surgery Date Requested: _____		Requested Time:
		Total Time:
Patient Name: _____ Last First MI		
Surgeon:	Family Doctor:	
Pre OP Diagnosis:		
Procedure/s:		
MRSA Swab completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Treatment started if MRSA positive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Special Equipment/ Implants:		
Patient Type: <input type="checkbox"/> Out pt <input type="checkbox"/> Pre-surgical testing required <input type="checkbox"/> Admit Post Op <input type="checkbox"/> Admit prior to surgery date		
Comments:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Relationship:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number:	Parent/Guardian:	
Insurance:	Subscriber:	
Policy Number:	Group Number:	
Are the demographics up to date spelling accurate and is data legible?		
Surgery Use:		