

Surgeon Off Suspension

Scheduler: \_\_\_\_\_



OAKLAND

New Case

Cancelled

Modified

Rescheduled

From: \_\_\_\_\_ To: \_\_\_\_\_

Main OR  Main Endo  Pain Clinic

OR/Endo Fax to: 248-338-5182 Clarkston Pain Clinic Fax to: 248-620-4262

**OPERATIVE/SURGICAL or ENDO PROCEDURE SCHEDULING REQUEST**

Primary Surgeon

Additional Surgeon(s)

Requested Date of Surgery: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Requested Time of Surgery: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_  AM  PM

Requested Duration: \_\_\_\_\_

Patient Name: Last First Middle Maiden

DOB Age Sex Height Weight

Patient Address: City State Zip Code

Social Security Number Home Phone Work Phone Cell Phone

MRSA:  Yes  No Latex Precautions:  Yes  No Patient Interpreter:  Yes  No Interpreter Type/Language: \_\_\_\_\_

History of Malignant Hyperthermia:  Yes  No AICD:  Yes  No AICD Type: \_\_\_\_\_ OB Specific Questions: \_\_\_\_\_ Delivery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 39 or more weeks:  Yes  No

Patient Special Needs: \_\_\_\_\_ Accident Related:  Yes  No

Type of Insurance, Contract/Policy Number – Primary \_\_\_\_\_

Secondary: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Diagnosis(s): \_\_\_\_\_

ICD Code(s): \_\_\_\_\_

Procedure/Consent to read: (NO Abbreviations): \_\_\_\_\_

Laterality:  Left  Right  Bi-Lateral  N/A

CPT Code(s): \_\_\_\_\_

Anesthesia Type:  Local  MAC  General  Other \_\_\_\_\_  
 Moderate Sedation  Regional Pain Block

Expected Patient Type:  Outpatient  Same Day Admit  
 Outpatient Extended Recovery  Inpatient (Current)  
\*actual patient status order to be entered by Surgeon in Cerner

Implant Specifics: \_\_\_\_\_

Company Rep: \_\_\_\_\_ Rep Notified by Office:  Yes  No

Other Special Requests/Equipment:  C-Arm-Regular  C-Arm-Mini  Cell Saver (Other—please write below)

Scheduling Rejected:

Surgeon On Suspension  Surgeon not credentialed  Missing Information: \_\_\_\_\_