## Physician Booking Sheet for Scheduling Interventional Radiology

Date booked _____ Time _____ Length of procedure _____

Last Name_____ First Name _____ Sex (M/F) ____ Phone # _____

Cell # _____ Email _____

DOB _____/_____/_____ SS# (last 4) _____ Authorization # _____

Insurance _____ Insurance Plan Description _____

Policy Number _____

Procedure/Surgery with laterality if applicable: _____

_____

Diagnosis & Code:_____

Special Needs _____

Company/Equipment _____

Date of surgery ___/___/___ Type of Anesthesia _____

Time of surgery _____ Procedure/CPT Code(s) _____

☐ Admit to Outpatient ☐ Admit to In-patient

Ordering Physician name _____Ordering Physician Fax _____

Ordering Physician signature & NPI #: _____

Scheduler's Email _____

**Cases Scheduled by PHONE:**
Call: **561.863.3857**

**Cases Scheduled by FAX - (Complete this Form):**
Fax: **561.473.7698**

**ALL Pre-Operative Orders, including pertinent documents:**
Fax: **561.473.7698**

Please ensure form is completely & fully filled out otherwise we will not be able to schedule surgery & we will have to call you to complete.

**Not Part of the Legal Health Record**



Patient Identification/Label