WMC Operating Room Case Scheduling Form

Surgeon   Surgery Date

Time of case   (or)   "TF"   Duration of case

Surgical Procedure(s)

Surgical DX

CPT Code(s)

Anesthesia requested: Local   MAC   Regional   General   Regional & General

Patient's name: Date of Birth:

Patient's phone Number   Cell number

Soc Sec Number

Insurance Information - Company   Policy #

            (Or send copy of Insurance Card instead)   Group #

Insurance Pre Certification Number   (if available)

Patient Status: Inpatient   Outpatient   Outpatient & Observation

  Special request items: Cell Saver /Auto Transfusion   C Arm   O Arm (if available)

            Neoprobe   Sims Monitor   Neuro Monitoring   Latex Allergy

Interpreter   Implants

Supplies

Pre Admission Medical work completed at:

            WMC Pre Op Clinic   Office will fax lab results

PCP

Case Confirmation #