



# OR SCHEDULING

Main #: (732) 776 - 4475 option 1  
ASC: (732) 776 - 4475 option 2  
Main Fax #: (732) 776 - 4310  
ASC Fax #: (732) 776 - 3494

Requested Surgery Date / Time:

Location:

MAIN OR     ASC

## PATIENT INFORMATION

Patient Name: (Last) (First) (MI)

Estimated Surgery Length:

Home Address: (Street) (City) (State) (Zip)

Social Security #:    DOB    SEX

Preferred Phone:    Alternate Phone:

Email Address:

## SURGERY INFORMATION

Scheduled By:    Office Phone #/Ext

Case Number

Sign Language Interpreter Needed:

Yes     No

Preferred Language:

Name of Surgeon:    Name of Assistant

Surgeon Block:  Yes     No

Patient Type

Anesthesia Type

- Cosmetic \_\_\_\_\_ hrs.
- Day of Surgery Admission
- Pediatric Admission
- In-house - Room No: \_\_\_\_\_

*Please be advised our schedule finals at 12PM the day before. If you do not hear from us by 11:30AM and you have scheduled cases on for the following day, please call us.*

- MAC
- Straight Local
- Local Regional
- General
- Block: Type \_\_\_\_\_
- Other: \_\_\_\_\_

- Outpatient
- Pedi Day Stay
- Same Day Surgery
- 23 Hour Stay

Diagnosis & ICD 10 Code:

Procedure & CPT Code:

Comments/Special Requests/Equipment

CELL SAVER:  Yes     No

LATEX ALLERGY:  Yes     No

Has the surgery been rescheduled in the last 30 days?  Yes     No

Need P.A.T.'s?  Yes     No

Original Surgery Date:  No

P.A.T.'s performed at:  JSUMC     Other: \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance:

Subscriber's SSN:

Pre-Cert Required?  Yes     No

Workers Comp?  Yes     No

No Fault Insurance?  Yes     No

Was this a result of a previous MVA?  Yes     No

Phone Number:

Group Number/Policy Number

Contact Made:

Authorization Number:

## VENDOR INFORMATION

Vendor: Was the vendor contacted?  Yes     No

Implants:

Equipment:

## PAT QUESTIONS

Will patient attend Joint Education Class?  Yes     No (Tuesday 9AM) Total Knee/Hip patients only

Will patient require crutch training:  Yes     No