SCHEDULING FORM

FOR MAIN O.R./ENDO/PROCEDURE ROOM (inpatient & outpatient)
& SURGERY CENTER (outpatient only)

1919 E. THOMAS RD PHOENIX, AZ 85016
Scheduling phone: (602) 546-1530 Fax: (602) 546-1553

PHYSICIAN/PROCEDURE INFORMATION

Doctor: _____ Office Caller: _____

Surgery Date: _____ Start time: _____ Office #_____

How much time needed for surgery: _____

Anesthesia: ☐ General ☐ Local ☐ Other _____

Diagnosis: _____

Obtain Consent For:

Procedure: 1._____ **CPT code** (required) **:**_____

Procedure: 2._____ **CPT code** (required) **:**_____

Procedure: 3._____ **CPT code** (required) **:**_____

☐ Obtain Urine HCG

_____ _____
Physician Signature **Date**

Special Equipment: _____

Special medications required during procedure: _____

☐ Latex Precautions ☐ Malignant Hyperthermia Precautions

Surgery location: ☐ Main ☐ Main, *medically necessary* ☐ Outpatient ☐ Endo ☐ Procedure Room

Will the patient be: ☐ Outpatient ☐ Observation ☐ Admit ☐ Post-op ICU

PATIENT INFORMATION

Patient Legal Name: _____ _____ _____
Last First MI

MRN:_____ Birth date: _____ Male_____ Female_____

Street address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Policy or ID #: _____ Group #: _____

Insured Name: _____ Insured's DOB:_____ Auth #:_____