L&D Surgery Scheduling Form    Procedure Information   Requested Proc Date:   Requested Proc Time:   AM   PM   Est Length:	Emanate Health	Campus:	☐ FPH	
*Requested Proc Date:	L&D Surgery Scheduling Form		□ QVH	
*Surgeon:	Procedure Information			
*Surgeon:	*Requested Proc Date: *Requested Proc Time: [	AM PM	Est Length:	
*Procedure: Primary Cesarean Section Other (Tubal Ligation): Twins Surrogacy Adoption  *EDC(Due Date): Twins Surrogacy Adoption  *High Risk: Yes No Please Explain:  *CPT Codes:   *ICD 10 Codes:   *Diagnosis: Anesthesia Type: General MAC Epidural Spinal  *Special Considerations: Latex Allergy: Yes No Sleep Apnea: Yes No Unknown Additional Considerations: Latex Allergy: Yes No Sleep Apnea: Yes No Unknown Additional Considerations: Latex Allergy: Yes No Sleep Apnea: Yes No Unknown Additional Considerations: *First Name: Yes Yes No Sleep Apnea: Yes No Unknown Additional Considerations: Yes Yes No Sleep Apnea: Yes No Unknown Additional Considerations: Yes Yes No Sleep Apnea: Yes No Unknown Additional Considerations: Yes Yes No Sleep Apnea: Yes No Unknown Additional Considerations: Yes Yes No Sleep Apnea: Yes No Unknown Additional Consideration Yes Name: Yes Yes No Sleep Apnea: Yes No Unknown Additional Consideration Number: Yes No Yes Yes No Unknown Yes Yes No Unknown Yes Yes No Unknown Yes Yes No Unknown Yes Yes Yes No Unknown Yes Yes Yes No Yes Yes Yes No Yes Yes Yes No Yes				
"EDC(Due Date):	*Procedure: Primary Cesarean Section Repeat Cesarean Section			
*CPT Codes: *ICD 10 Codes: *Diagnosis: Anesthesia Type:	*EDC(Due Date): Twins Surrogacy Adoption			
**Diagnosis: Anesthesia Type:	<u> </u>			
**Diagnosis: Anesthesia Type:	*CPT Codes:			
Anesthesia Type:	*ICD 10 Codes:			
*Special Considerations: Latex Allergy: Yes No Sleep Apnea: Yes No Unknown Additional Considerations (e.g. Transfusion-free & Isolation):    Patient Information				
Additional Considerations (e.g. Transfusion-free & Isolation):    Patient Information				
Patient Information  *Last Name:				
Patient Information  *Last Name:				
*Last Name: *Date of Birth: *Social Security Number: *Primary Language Spoken: *Primary Phone Number: *Address Type: Home Long-Term Care Facility SNF Other: *Street: *City: *Primary Care Physician's Name: *Phone: Cardiologist (Open Heart Only): *Insurance & Admission Information *Insurance ID: *Admit Type: Admit Type: AM Admit Inpatient Room: *Supply & Equipment Information *Special Equipment Requests: *N/A  *Special Equipment Requests: *Person Completing: *Ext: *Fax: *Booking Completion Information (Hospital Schedulers Only) Scheduled Date: Surgery Case #:	(e.g. Transfusion-free & Isolation):			
*Last Name: *Date of Birth: *Social Security Number: *Primary Language Spoken: *Primary Phone Number: *Address Type: Home Long-Term Care Facility SNF Other: *Street: *City: *Primary Care Physician's Name: *Phone: Cardiologist (Open Heart Only): *Insurance & Admission Information *Insurance ID: *Admit Type: Admit Type: AM Admit Inpatient Room: *Supply & Equipment Information *Special Equipment Requests: *N/A  *Special Equipment Requests: *Person Completing: *Ext: *Fax: *Booking Completion Information (Hospital Schedulers Only) Scheduled Date: Surgery Case #:	Patient Information			
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*Street:				
*Primary Care Physician's Name:  Cardiologist (Open Heart Only):    Insurance & Admission Information				
Cardiologist (Open Heart Only): Phone:				
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Insurance ID:*Authorization Number:*Admit Type:AM AdmitInpatient Room:  Supply & Equipment Information  *Special Equipment Requests:N/A  Office Completion Information  *Office:*Person Completing:*Date:*Phone:*Ext:*Fax:  Booking Completion Information (Hospital Schedulers Only)  Scheduled Date: Scheduled Time: Surgery Case #:	*Insurance: Polic	y Number:		
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*Special Equipment Requests: N/A  Office Completion Information  *Office:	*Admit Type: AM Admit Inpatient Room:			
*Special Equipment Requests: N/A  Office Completion Information  *Office:				
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*Office:*Person Completing:*Date:*Phone:*Ext:*Fax:  Booking Completion Information (Hospital Schedulers Only)  Scheduled Date: Scheduled Time: Surgery Case #:	*Special Equipment Requests:   N/A			
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