

Emanate Health
Surgery Scheduling Form

Campus: FPH
 ICH
 QVH

Procedure Information

*Requested Proc Date: _____ *Requested Proc Time: _____ AM PM Est Length: _____
*Surgeon: _____ Assistant: _____
*Procedure (No Abbreviations Please): _____

*Laterality: Left Right Bilateral N/A
*Procedural Area: OR GI FBNC Cath Lab IR
*CPT Codes: _____
*ICD 10 Codes: _____
*Diagnosis: _____
Anesthesia Type: General TIVA Epidural Local Other _____
*Special Considerations: Latex Allergy: Yes No Sleep Apnea: Yes No Unknown
Additional Considerations

Patient Information

*Last Name: _____ *First Name: _____
*Gender: Female Male *Date of Birth: _____ *Social Security Number: _____
*Primary Language Spoken: English Spanish Other _____
*Primary Phone Number: _____ Secondary Phone Number: _____
*Address Type: Home Long-Term Care Facility SNF Other: _____
*Street: _____ *City: _____ *State: _____ *Zip: _____
*Primary Care Physician's Name: _____ *Phone: _____
Cardiologist (Open Heart Only): _____ Phone: _____

Insurance & Admission Information

*Insurance: _____ Policy Number: _____
Insurance ID: _____ *Auth/Pending Auth Number: _____
*Admit Type: AM Admit Out Pt Surgery Inpatient Room: _____ Extended Recovery
Work Comp Co: _____ Claim #: _____ Phone: _____ Date of Injury: _____

Supply & Equipment Information

C-Arm Microscope Laser Call Saver
 Other: _____
Vendor: _____ Name: _____ Phone: _____
Rep Notified: Yes No By: _____ Date: _____

Office Completion Information

*Office: _____ *Person Completing: _____ *Date: _____
*Phone: _____ *Ext: _____ *Fax: _____

Booking Completion Information (Hospital Schedulers Only)

Scheduled Date: _____ Scheduled Time: _____ Surgery Case #: _____
Medical Record #: _____ Account #: _____