

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 #: _____