

San Antonio Community Hospital

PRESURGICAL SCHEDULING REQUEST/ORDERS

Surgery Scheduling phone: (909) 920-4975 Fax number: (909) 920-4727 POC: (909) 579-6888

Check if this is an update to a currently scheduled case

Surgical Information:

Date submitted:

Requested Procedure Date:

Requested Procedure Start Time:

Requested Length of Procedure:

Surgeon:

Assistant Surgeon:

Co-surgeon:

Primary Care Physician:

Surgeon Available Time:

Special Equipment/Request: _____

Type of Anesthesia: General Regional MAC Local

Pre-Op Diagnosis:

PATIENT DEMOGRAPHIC INFORMATION:

Name of Person Completing Document

Patient Name:

DOB:

Sex: Male

Female

SSN:

SACH MR#

Address:

Home #:

Work #:

Cell # :

Other #:

Insurance Name:

Member Name:

Group:

ID #:

Insurance Authorization Number:

CPT 4 Code:

ICD-9 Code

Orders: PREOP TESTING PER ANESTHESIA PROTOCOL (OR COMPLETE THE SECTION BELOW)

LABORATORY TEST: ALL TESTS REQUIRE CLINICAL INDICATION/MEDICAL NECESSITY

EKG: _____ Basic Metabolic Panel: _____

Chest X-Ray _____ UA: _____ C&S _____

CBC: _____ Prottime/INR _____ HCG Qualitative _____

Type, Screen, and Crossmatch _____ units Other: _____

Admit to Ambulatory Care Unit as: SDS AM Admit (Inpatient) **POC appt (optional) Date/Time:**

Patient Care:

Insert IV lock Graduated Compression Stockings Knee High Thigh Intermittent Compression

NPO NPO except for Meds

Medication:

If patient on Beta Blocker and has not taken it within 24 hours of planned incision time, order one dose now.

Antibiotics: Per SCIP Protocol _____ (name and dose)

Other _____ (name and dose)

Other Medication Orders _____

Consent to Read (No abbreviations allowed): _____

_____ A.M./P.M.

_____ Date

_____ Time

_____ Physician Signature - Required

To Be Completed By SACH Surgery Scheduling

Confirmation Code:

OR Date:

OR Time: