

# WMC Operating Room Case Scheduling Form

Surgeon

Surgery Date

Time of case

(or) "TF"

Duration of case

Surgical Procedure(s)

Surgical DX

CPT Code(s)

Anesthesia requested: Local      MAC      Regional      General      Regional & General

Patient's name:

Date of Birth:

Patient's phone number

Cell number

Soc Sec Number

Insurance Information - Company

Policy #

(Or send copy of Insurance Card instead)

Group #

Insurance Pre Certification Number

(if available)

Patient Status:

Inpatient

Outpatient

Outpatient & Observation

Special request items:

Cell Saver / Auto Transfusion

C Arm

O Arm (if available)

Neoprobe

Sims Monitor

Neuro Monitoring

Latex Allergy

Interpreter

Implants

Supplies

Pre Admission Medical work completed at:

WMC Pre Op Clinic

Office will fax lab results

PCP

Case Confirmation #