



A Teaching Affiliate of the University of Miami Miller School of Medicine

PHYSICIAN BOOKING SHEET FOR SCHEDULING SURGERY

AT JFK MAIN CAMPUS

Date: _____ Time: _____

Patient Name: _____ Sex (M / F) ___ Phone # _____

D.O.B. ___/___/___ SS# (last 4 digits) _____ Authorization # _____

Insurance: _____ ID#: _____

Procedure/Surgery _____

Diagnosis: _____

Special Needs: _____

Company/Equipment: _____

Date of Surgery: ___/___/___ Type of Anesthesia: _____

Time of Surgery: _____ Procedure/CPT Code(s): _____

___ Admit to Outpatient _____

___ Admit to In-patient _____

Physician's Name _____ Physician's Fax _____

Cases Scheduled by PHONE:

Call: 561-548-3641 to schedule case with above information

Cases Scheduled by FAX - (Complete this Form):

Fax: 561-473-7598

ALL Pre-Operative Orders, including pertinent documents:

Fax: 561-473-7598