

# Physician Booking Sheet for Scheduling Surgery

Date booked \_\_\_\_\_ Time \_\_\_\_\_ Length of procedure \_\_\_\_\_

Patient name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# (last 4) \_\_\_\_\_ Authorization # \_\_\_\_\_

Insurance \_\_\_\_\_ Insurance Plan Description \_\_\_\_\_

Policy Number \_\_\_\_\_

Procedure/Surgery with laterality if applicable: \_\_\_\_\_

Diagnosis & Code: \_\_\_\_\_

Special Needs/Facility Equipment/First assist \_\_\_\_\_

Company equipment \_\_\_\_\_

Date of surgery \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Anesthesia \_\_\_\_\_

Time of Surgery \_\_\_\_\_ Procedure/CPT Code(s) \_\_\_\_\_

\_\_\_\_\_ Admit to Inpatient \_\_\_\_\_

\_\_\_\_\_ Admit to Outpatient \_\_\_\_\_

Surgeon's name \_\_\_\_\_ Surgeon Fax \_\_\_\_\_

Surgeon signature & NPI #: \_\_\_\_\_

Scheduler's email \_\_\_\_\_

Cases scheduled by phone:

Call 561.863.3857

Cases scheduled by fax:

Fax 561.473.7698

All Pre-Operative orders, including pertinent documents

Fax: 561.473.7698

Please ensure form is completely & fully filled out otherwise we will not be able to schedule surgery & we will have to call you to complete.

## Not Part of the Legal Health Record

