



AMBULATORY SURGERY RESERVATION FORM

DATE OF PROCEDURE: ____ / ____ / ____ ESTIMATED TIME: _____ AM / PM

Status: Ambulatory Elective Urgent / Transfers Accommodations: _____

PATIENT INFORMATION:

Last Name: _____ First Name: _____ Sex: M / F Date of Birth: ____ / ____ / ____

Patient's Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ - _____ Work Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Marital Status: ____ Age: _____ Social Security #: _____ - _____ - _____ BI MR #: _____ - _____ - _____

Did patient have previous Bypass? Yes No If yes, please indicate where? _____

EMERGENCY CONTACT:

Name (Last, First): _____ Relationship: _____

Home Phone #: (____) _____ - _____ Work Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

INSURANCE INFORMATION:

****Primary Insurance:** _____ Phone #: (____) _____ - _____

ID #: _____ Group #: _____ Category #: _____

PRE-AUTHORIZATION #: _____ **BY:** _____

Secondary Insurance: _____ ID #: _____

Group #: _____ Category #: _____ Phone #: (____) _____ - _____

PROCEDURE:

Type of Procedure: _____

Diagnosis: _____ Type / Code _____ ICD-9 Code: _____ Type / Code _____

Referring Physician: _____ Primary Physician: _____

Referring Physician Phone #: (____) _____ - _____ Attending Physician: _____

TRANSFER INFORMATION:

Hospital: _____ Pick-up Time: _____

Transferring MD: _____ BI Bed #: _____

Room/Bed #: _____ Transport Company / Authorization #: _____

RN Contact: _____ Monitor? Yes No Oxygen? Yes No

Phone #: (____) _____ - _____ Heplock? Yes No IV? Yes No

Coumadin? Yes No **Diabetic?** Yes No

PRE-ADMISSION TESTING INFORMATION:

Tests Ordered: CBC W/Platelets SMA-7 PT PTT INR SERUM BETA HcG ***Must be less than 30 days***

* DATE OF LAST EKG: ____ / ____ / ____ * DATE OF LAST BLOODWORK: ____ / ____ / ____

WHERE DONE: _____ PHONE #: (____) _____ - _____

RESERVATION TAKEN BY: _____ PHONE #: _____ DATE: ____ / ____ / ____

EXPEDITER INITIALS: _____ DATE: ____ / ____ / ____

DATE SENT TO RESERVATIONS: ____ / ____ / ____ CONFIRMED W/PT: ____ / ____ / ____