



Booking Information

Please Print or Type. Do Not Use Abbreviations.

Main OR [☐ Inpatient (IP) ☐ Observation (OPPO) ☐ Outpatient (OP)] ☐ **BMSC**

Date of Surgery _____ Allotment _____ Time _____ Surgeon _____
 Last Name _____ First _____ MI _____ ☐ Male ☐ Female
 Address _____ City, State, zip _____
 Phone # (Home) _____ (Work) _____ DOB _____
 Primary Insurance _____ Policy/Group # _____
 Secondary Insurance _____ Policy/Group # _____
 ICD10 (REQUIRED) _____ CPT Code(s)(REQUIRED) _____
 Office Scheduler Name _____ Date/Time _____
 Office Scheduler Verify and Print Procedure _____

Pre-Op ☐ Visit _____ ☐ Phone Call ☐ Anesthesia Consult ☐ PAC

Orders

Procedure _____

 Diagnosis _____
 Special Equipment _____

Allergies Update allergies w/ reaction _____

Labs and Diagnostics

- | | | |
|---|--|--|
| <input type="checkbox"/> CBC w/ Auto Differentiation | <input type="checkbox"/> Pregnancy Test (Urine) | <input type="checkbox"/> Chest PA & Lateral - Reason |
| <input type="checkbox"/> CBC-O (Collect extra SST) for blood conservation | <input type="checkbox"/> Urinalysis | for exam – Pre-op |
| <input type="checkbox"/> Prothrombin Time – PT/INR | <input type="checkbox"/> Culture, Urine | <input type="checkbox"/> Electrocardiogram - Reason |
| <input type="checkbox"/> Partial Thromboplastin Time - PTT | <input type="checkbox"/> Blood Type | for exam – Pre-op |
| <input type="checkbox"/> Metabolic Panel (Basic) – BMP | <input type="checkbox"/> Type and Screen | <input type="checkbox"/> MRSA Culture Screen |
| <input type="checkbox"/> Metabolic Panel (Complete) – CMP | <input type="checkbox"/> Glycated Hemoglobin (A1c) | (Nasal Swab) |

Other

- ☐ Obtain Consent for Blood Transfusion ☐ Obtain Consent for Sterilization
☐ SCD Left Calf ☐ SCD Right Calf ☐ SCD Left Foot ☐ SCD Right Foot

Medications Please enter drug and dose.

- ☐ Antibiotics _____ IVPB on call to OR
☐ Vancomycin _____ grams IVPB on call to OR (if Cephalosporin allergic or MRSA positive)
☐ Other Medications: _____

Additional Orders _____

Physician's Signature _____
 Date _____ Time _____

