SURGERY SCHEDULING FORM

Scheduling Office: 907.264.2050 | Fax: 866.605.9602

ALASKA REGIONAL HOSPITAL

Patient Demographics

Patient Legal Name _____ Phone # _____

Date-of-Birth _____ Alternate Phone # _____

Social Security Number _____ Age _____ ☐ Male

Referring Physician _____ ☐ Female

Address _____

Primary Insurance _____ Auth # _____ Policy ID _____

Primary Insurance Holder ☐ Self ☐ Other (Name & DOB) _____

Secondary Insurance _____

Secondary Insurance Holder ☐ Self ☐ Other (Name & DOB) _____

➔ **Has the patient been informed they require surgery?** ☐ YES ☐ NO

Is this a Medicare Patient? ☐ YES ☐ NO If **YES**, please include the Medicare Order Form

Is the Patient coming from Department of Corrections? ☐ YES ☐ NO

Is the Patient from Assisted Living? ☐ YES ☐ PECC ☐ St. Elias ☐ Other _____

Is an interpreter required? ☐ YES ☐ Language: _____

Procedure Information

Requested Surgery Date _____ Requested Start Time _____

Anticipated Patient Status ☐ Inpatient ☐ Same Day Surgery Estimated Surgery Duration (Minutes) _____

Consult Anesthesia ☐ Initiate Anesthesia Protocol ☐ Enhanced Surgical Protocol ☐ Stop **SSI** Protocol

Surgeon _____ Assist _____

Consent to Read _____

_____

CPT Codes (Procedure) _____ _____ _____ _____ _____

ICD10 Codes (Diagnosis) _____ _____ _____ _____ _____

ICD10 Codes (Procedure) _____ _____ _____ _____ _____

Side ☐ Right ☐ Left ☐ Bilateral ☐ N / A

Anesthesia Type ☐ General ☐ MAC ☐ Spinal ☐ Local ☐ Block ☐ Epidural ☐ Conscious Sedation

Latex Allergy ☐ YES ☐ NO

Position ☐ Supine ☐ Prone ☐ Lateral ☐ Lithotomy

Positioning Aide ☐ Allens ☐ Canes ☐ Prone Rolls ☐ Schlein Positioner ☐ Peg Board ☐ Bean Bag

Table ☐ Jackson Fracture ☐ O S I ☐ Flat

Will Vendor be Present? ☐ YES ☐ NO

If Yes, Please Specify _____

Special Requests / Equipment / Instruments _____

_____

Surgeons Signature

_____ Date of Pre-Admission Appointment _____

Date _____ Time _____ am | pm OR Scheduler _____ Date Scheduled

_____ form revised 05.23.2018