ALASKA REGIONAL HOSPITAL

Surgical or Medical Justification for Procedure

Items in BOLD are required.

Please complete the following to submit your surgical case to the Multi-disciplinary Surgical Review Team. This physician led team works to determine if this case is in compliance with Alaska's Health Mandates. This determination will be based upon COVID community burden, staffing, PPE (Personal Protective Equipment) inventory and available beds, among other factors. **Every non-emergent case must have a negative COVID PCR test within 48 hours of surgery. The H&P should accompany this request.**

I, **Dr.** _____ MD/DO need to perform

The following procedure: **Date of Anticipated Surgery** _____

_____

_____

_____

Patient _____ **Date of Birth** _____

- ***Tier 3*** *High Acuity or Urgent requests do not need this form completed in order to schedule cases.*
- ***Tier 2*** *cases should have this form completed in its entirety to be reviewed by the facility Multidisciplinary team. Cases will be reviewed daily.*
- ***Tier 1*** *cases at the hospital are still advised to be postponed until full relaunch of surgical procedures. However, there may be a need to compete Tier 1 procedures bases on the patient's condition Or necessity and would require this form completed in its entirety.*

The reason this procedure should be considered for booking:

☐ Risk to life or permanent disability

☐ Risk to quality of life or livelihood

☐ Other _____

Pertinent medical history to be considered for booking: ☐ **H&P Attached**

Consider age & comorbidities

_____

_____

Provider Signature: _____ **Date** _____

Include this form with booking request to fax number: 866.605.9602

FOR REVIEW COMMITTEE ONLY

☐ **Recommend to postpone**

☐ **Multidisciplinary review committee has determined this case to be appropriate in accordance with recommended guidelines**

Effective 04.27.2020