Case Request for Surgery Scheduling - Essential Scheduling Form

Fax to OR Scheduler 208-625-5442

Admitting Physician: _____

Patient appropriate for KH Day Surgery ☐ Yes ☐ No Assist:_____

Patient Name: Date of Birth: Home Phone:

_____

Type of Admit Status:

☐ Outpatient ☐ Outpatient in Bed ☐ Inpatient Admit - Same Day ☐ Inpatient Admit - Night Before

If Inpatient Level of Care: ☐ Critical Care ☐ 3 South/Step Down ☐ Acute Care-Med/Surg

Diagnosis:

_____ Surgery Date: _____Time:____

CPT:

_____

Procedure/Operative Consent: ☐ Left ☐ Right

_____ ☐ Bilateral ☐ N/A

_____ Duration_____

Authorization:

Procedure Category: ☐ Emergent -within 48 hr. ☐ Urgent within 4 wk. ☐ Elective

Pre-Op Clinic Visit Needed: ☐ Yes Type of Appt: ☐ Enhanced Recovery ☐ Provider ☐ Ostomy

History of Malignant Hyperthermia: ☐ Yes ☐ Family History

Essential Scheduling Information:

Position: ☐ Supine ☐ Prone ☐ Lithotomy ☐ Lateral Right Up ☐ Lateral Left Up ☐ Other_____

Positioning Devices: ☐ PALS Stirrups ☐ Candy Canes ☐ Bean Bag ☐ Pegboard ☐ Hand table

Special Bed: ☐ Jackson Flat ☐ Jackson Sling ☐ Gurney ☐ Hana ☐ CMax/4095 ☐ Other:_____

Implant/Vender: Vender_____ ☐ Office Contacted Name/Phone #:_____

Imaging: ☐ C-Arm ☐ Mini C-arm ☐ Ultra Sound ☐ Ultra Sound with Tech ☐ Other_____

Microscope: ☐ Pentero ☐ Lecia OH5 ☐ S8 MOR ENT/Plastic ☐ S7 KOS ENT ☐ Microscope Old ENT

Robot: ☐ Yes Docking Side: ☐ Left ☐ Right Location: ☐ Pelvic ☐ Kidney ☐ Thoracic

ENT: ☐NIMS ☐Fusion ☐Straight Shot ☐Coblator ☐Cryopreservation ☐Neoprobe	**General**: ☐N/A ☐ Spy Scope ☐Faxitron ☐Neoprobe ☐SPA –Office Coordinated ☐Sentinel Node time_____ ☐Needle Loc Time_____	**Gyn**: ☐ N/A ☐Berkley Suction ☐Myosure ☐Novasure ☐Cooper ☐Kronner
Urology: ☐N/A ☐ESWL ☐ Holmium Laser ☐ Green Light Laser ☐ Stent ☐ Right ☐ Left ☐ Bilat	**Neuro**: ☐N/A ☐Stealth ☐Neuro Robot ☐Nerve Monitoring ☐Cusa ☐Bone Scalpel ☐Mayfield	

Additional Needs: _____

_____

Patient Identification – Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:

KootenaiClinic