

COMMENTS:

PRE-CERTIFICATION #

## SURGERY SCHEDULING INFORMATION PHONE: (972) 403-2756 Or (972) 403-2755

Certici for Blagifostic	is a sargery	FAX: (	972) 403-2856
DATE OF REQUEST:			
SURGERY DATE:		PREFERRED TIME/ORDER:	
		ASSISTANT:	
ANESTHESIOLOGY OR GROUP:			
ANESTHESIA TYPE: GENERAL	MAC	REGIONA	ALOTHER
PATIENT LAST NAME:		FIRST:	MI:
SEX: MALE FE	EMALE I	PATIENT'S PHONE:	
PATIENT'S DOB:	PAT	FIENT'S SOCIAL SECURITY #	:
PATIENT STATUS:			
Outpatient for Same Day Procedure	:/Surgery Ou	itpatient WITH Overnight Sta	y Admit to Inpatient
PRE-TEST/REGISTRATION DATE AT	Γ HOSPITAL:		TIME:
Enhanced Recovery After Surgery (ERAS completing specific interventions through			re scheduled, and is a system standard for
ERAS PATIENT: YES N	IO N/A		
CPT CODE(S) AND PROCEDURE			
SPECIAL NEEDS:			
EQUIPMENT: C-ARM	FLUOROS	CAN OTHE	R EQUIPMENT
AMOUNT OF TIME FOR PROCEUR	RE:		

**PLEASE SEND:** 

PRE-CERT PHONE #

DEMOGRAPHICS, COPY OF DRIVERS LICENSE & INSURANCE CARD 6020 WEST PARKER ROAD PLANO, TEXAS 75093