

Main Hospital/JSC/Endoscopy and Liberty:

Phone (513) 585-2727
Fax (513) 585-0169

Surgery Centers: Montgomery and Red Bank

Phone (513) 272-7023
Fax (513) 585-0169

Surgery Scheduling Form

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Endoscopy Pelvic Floor Location
 Joint & Spine Center Main Hospital Liberty Montgomery Surgery Center Redbank Surgery Center

Surgery Date: _____ Start Time: _____ Length of Case: _____

Surgeon: _____ Co-Surgeon: _____ Med Assistants: _____

Patient Name: (Last) _____ (First) _____ Middle Init: M F

DOB: _____ SSN#: _____ MRN#: _____ Pt. Weight: _____ Height: _____

Address: _____ City: _____ Zip: _____

Phones: Home: _____ Work: _____ Cell: _____

Insurance: _____ ID#: _____ Auth#: _____

Surgeon's Phone Number: _____

Procedure CPT codes (includes implants, grafts, and injectables):

 Cosmetic Yes No

 SPINE CASES # of Levels: _____
 Pre-Op Diagnosis:

 ICD10 Code:

Anesthesia type: General Mac Local Spinal moderate sedation

Other: _____ Pain Block: Yes No

Patient type: Admit Extended Recovery SICU post op Outpatient Latex Allergy: Yes No

Special Request/Comment Equipment, Instrumentation: C-arm, Microscope, etc.

FROZEN SPECIMEN: Yes No

Completed by: _____ Date/Time: _____ Phone #: _____

