



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: _____

Email Address: _____

Phones: Home: _____ Work: _____ Cell: _____

Insurance: _____ ID#: _____ Auth#: _____

Does the patient want to use insurance for the surgical procedure? Yes No

If choosing to not use insurance or is uninsured, how does the patient want to receive their Good Faith Estimate? MyChart Email Postal Mail

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 #: _____

