



South Haven Hospital

955 S. Bailey Ave • South Haven, Michigan 49090

SCHEDULING, PRE-SURGICAL TESTING & ADMISSION ORDER FORM

Patient Name: _____ DOB/SSN: _____

Parent/Guardian/POA: _____ Surgeon: _____

Procedure & CPT code(s): _____

Diagnosis: _____

Procedure Date: _____ Procedure Time: _____

Phone: _____ Work/Cell: _____ Copies To: _____

Pt. Address: _____

Primary Insurance: _____ Auth.# _____

Type of Admission: _____ Admit to inpatient _____ Outpatient with expected discharge home from PACU _____ Outpatient with expected overnight stay (previously called short stay or observation)

Type of Anesthesia: GEN/SPINAL MAC NCS LOC Other _____

Pre-Op Testing: CBC H&H CBS(CBC with Differential) Lytes (Na, K, Cl, CO2)
 BMP (Glu, BUN, Cr, Na, K, Cl, CO2) CMP (Glu, BUN, Cr, Na, K, Cl, CO2, Ca, Al, Alk Phos, Bili) K
 UA Urine PG (DOS) Prottime/INR PTT Bleeding Time EKG
 CXR Other Lab/X-Ray: _____ Nasal Swab for Staph Aureus

Blood Bank

Type & Screen Type & Crossmatch # of Units _____ Blood Pamphlet Given

OR Suite: Yes No C-Arm Yes No Interpreter needed: Yes No
Amount of Time Needed: _____ Assist: Yes No Scrub Techs: (how many) _____

Comments: _____

Medications for surgery: _____

Post Op Appt. in Office: _____

Surgeon Signature, Date & Time: _____ MD/DO

**Fax copy to Surgical Services Scheduling (269) 657-1419. Any labs/tests not done at Bronson South Haven please obtain results and fax to Surgical Services Pre-op (269) 639-2899.
For Pre-op Questions, please call (269) 639-2896.
For Scheduling Questions, please call (269) 657-1376**