



408 Hazen Street • Paw Paw, Michigan 49079-0209 • 269-657-3141 • Fax 269-657-1339

**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 & Cross match  # 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 269-657-1419. Any labs/tests not done at Bronson Lakeview please obtain results and fax to Surgical Services.**

**For Questions, please call 269-657-1342 or 269-657-1376.**

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