COFFEE REGIONAL MEDICAL CENTER

PRE−SURGICAL CASE REQUEST

CALL TO SCHEDULE CASE AT EXT 6919

1SCR

Fax Medical Clearance, Orders, Medication List and Case Request to OR @ 383−5632 and Registration @ 389−2165

DATE:	PATIENT NAME:		Surgeon:
DOB:	SOCIAL SECURITY #:	SEX:	PRIMARY CARE PHYSICIAN:
PATIENT PHONE #:		PREADMIT DATE:	PREADMIT TIME:
SURGERY DATE:	SURGERY TIME:	SURGERY DURATION:	

PATIENT HISTORY (ABNORMAL FINDINGS MAY INDICATE NEED FOR MEDICAL/CARDIAC CLEARANCE)

HISTORY OF:	☑	MEDICATIONS	☑
High Blood Pressure		Blood Pressure	
Heart Attack/Murmur		Heart Medicines	
Stroke		Diuretic	
Diabetes		Blood Thinners	
Asthma/Emphysema		Insulin	
Sleep Apnea		MAO Inhibitors	
Recent Hospitalization	Date:	Other	

PERIOPERATIVE RISK ASSESSMENT (COMPLETE PRIOR TO PREADMISSION TESTING APPOINTMENT)

DATE CLEARED:				PHYSICIAN:				
HEIGHT		WEIGHT		BLOOD PRESSURE		LMP		DUE DATE
ALLERGIES								

CLINICAL INFORMATION

1	PATIENT TYPE ❑ OPS ❑ IP STATUS ❑ ELECTIVE ❑ URGENT	URGENT JUSTIFICATION:
2	DIAGNOSIS CODES (ICD10)− SURGERY AND TESTING	DIAGNOSIS DESCRIPTION
3	PROCEDURE CODES	PROCEDURE DESCRIPTION
4	NERVE BLOCK: ❑ 64450− Popliteal ❑ 64415− Interscalene ❑ 64447− Femoral ❑ 76942−US Guidance for Block ❑ Other:	
5	SPECIAL EQUIPMENT INSTRUCTIONS: ❑ C− ARM ❑ X − RAY _____ ❑ PATHOLOGY ❑ IMPLANTS _____ −VENDOR _____ −Rep Phone#	ADDITIONAL SPECIAL INSTRUCTIONS: ❑ Post OP Bed Required ❑ Post OP Critical Care Bed Required ❑ Other: _____

INSURANCE CLEARANCE (Fax Ins cards, authorizations, referrals to 389−2165) − LIST primary and secondary plans

INSURANCE	POLICY NUMBER		INSURANCE STATUS CHECK:
PRECERT STATUS ❑ APPROVED ❑ DENIED ❑ PENDING	AUTH/REF #	UNITS:	❑ Insurance is in network for hospital and surgeon ❑ Benefits cover scheduled procedure ❑ Insurance reviewed for referral requirements ❑ Addendum E reviewed for IP only procedures ❑ Request date within 30 days of request for Medicaid

EFFECTIVE FOR DOS 10/1/2015, ONLY ICD 10 CODES WILL BE ACCEPTED.