

**Surgical Services Scheduling:** 480-358-6105 | **Fax:** 480-358-6128  
**Pre-Admission Testing Nurse:** 480-358-6441 | **Fax:** 480-358-6282 **Time of Surgery:**

**Patient Name (last, first)** \_\_\_\_\_

DOS	Patient Phone Number	DOB	Social Security Number
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Insurance Provider - Primary	Facility Authorization Number
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Insurance Provider - Secondary	Facility Authorization Number
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Name of Practice	Office Phone Number	Fax Number
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**Physician Name** \_\_\_\_\_

Surgeon Name \_\_\_\_\_

Post- OP Admission (POA)    Inpatient/Room # \_\_\_\_\_    Outpatient    23 hr. Stay

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

CPT Code \_\_\_\_\_ ICD9 Code \_\_\_\_\_

Implant/Special Supplies \_\_\_\_\_

Special Requests \_\_\_\_\_

Equipment \_\_\_\_\_

X-Ray  C-Arm  Portable

Duration of Surgery \_\_\_\_\_

Group \_\_\_\_\_

Anesthesia Name/Group \_\_\_\_\_

Local    Sed    Spinal/Regional    General    MAC    Other

**Orders**

Use my standing orders for this procedure.    Pre-ops to be done @ MVMC.

Use anesthesia standing orders for pre-admissions testing    Pre - ops to be done @ PCP/Labcorp/Sonora.

Please schedule for today, if possible.    VTE Protocol

Pre-op meds \_\_\_\_\_

LABS/XRAYS    CBC    PT    PTT    UA    Other \_\_\_\_\_    Type & Cross


CMP    EKG    CXR    UPT    HCG    Type & Screen


BMP    Type & Cross for \_\_\_\_\_ units of \_\_\_\_\_

CBC w/diff    Urine Culture

Physical Therapy pre-surgical evaluation for home safety and pre-surgical conditioning

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 <p style="font-size: small;">1301 S. Crismon Rd. Mesa, AZ 85209</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	Svc	FC	
	Allergies:									
	Attending Physician Name:									