Riverview Medical Center
MEMBER OF THE MERIDIAN HEALTH FAMILY

# OR SCHEDULING FORM

Phone: (732) 530-2257
Fax: (732) 530-2594

## PATIENT INFORMATION

| Patient Name: (Last) (First) (M.I.) | Date of Birth: | Social Security #: | Ht: | Wt: | Sex: |
|---|---|---|---|---|---|
| | | | | | |

| Home Address: (Street) (City) (State) (Zip) | Preferred Phone #: | Cell Phone #: | Alternate Phone #: |
|---|---|---|---|
| | | | |

## SURGERY INFORMATION

| Scheduled By: | Office Phone # / Ext: | Office Fax #: | Case Number: | Booking Office Initials: |
|---|---|---|---|---|
| | | | | |

| Name of Surgeon: | Name of Assistant: |
|---|---|
| | |

| Surgery Date / Time Requested: | Confirmed Surgery Date / Time: | **Patient Type:** ☐ Cosmetic _____ hrs. | **Anesthesia Type:** ☐ Anesthesia of Choice ☐ MAC ☐ Block: Type_____ ☐ IV Sedation ☐ General ☐ General/Scalene ☐ Straight Local ☐ Local ☐ LMA ☐ Regional Block ☐ Spinal ☐ Other:_____ |
|---|---|---|---|
| If In-House - Room #: | Estimated Surgery Length: | **Inpatient:** ☐ Day of Surgery Admission ☐ In-house | |
| | | | |
| | | **Outpatient:** ☐ Same Day Surgery ☐ 23 Hour Stay | |
| **Surgery Block:** ☐ Yes ☐ No | | | |

Diagnosis & ICD 9 Code:

Procedure & CPT Code:

| Equipment: | Comments / Special Requests: |
|---|---|
| | |

| Has the surgery been re-scheduled in the last 30 days: ☐ Yes ☐ No<br>Original surgery date: | **Cell Saver:** ☐ Yes ☐ No | **Latex Allergy:** ☐ Yes ☐ No<br>**Need P.A.T.s:** ☐ Yes ☐ No<br>**P.A.T.s performed at:** ☐ RMC ☐ _____ |
|---|---|---|

## INSURANCE INFORMATION

| Primary Insurance: | | | Subscriber's SSN: | **Pre-Cert Required:** ☐ Yes ☐ No |
|---|---|---|---|---|
| Phone Number: | Group Number: | Policy Number: | Contact Made: | Authorization Number: |
| Secondary Insurance: | | | Implants: | |
| Phone Number: | Group Number: | Policy Number: | | |

## VENDOR INFORMATION

| Was the vendor contacted: ☐ Yes ☐ No | Contact name: |
|---|---|
| | |

## P.A.T. QUESTIONS

Will patient attend 9:30 A.M. Human Motion Class: ☐ Yes ☐ No (Tuesday and Thursday (9:30 A.M.) **Total Knee/Hip patients only**
Will patient require crutch training: ☐ Yes ☐ No
Will patient attend 10:00 A.M. Spine Class: ☐ Yes ☐ No