



For reservations

Call 865-541-8128 and fax order to: 865-541-8289

Preoperative: Surgical Booking Order

Surgery date: Post op: Observation Inpatient PICU OPS

Surgeon: PCP:

Surgical diagnosis (ICD 10 consistent description):

Surgical procedure:

Special equipment request:

- Implants:
X-ray: C-ARM Disc Portable O- ARM
Laser: Pulse dye Omniguide C02 Holmium
Navigation system: ENT Neuro

Ancillary lab request: Frozen section Fresh Bone marrow Blood gas

Additional special patient prep request:

Patient information

Legal name:

Gender: Male Female Date of birth:

Please list two phone numbers below: Social security no.:

Primary phone #: Home/Cell Can we text this #?

Secondary phone #: Home/Cell Can we text this #?

Address:

Name legal guardian: (mom/dad or other)

Primary insurance: Identity no:

Policy holder name: Date of birth:

Insurance holder social security no.:

Pre-certification no: (send as soon as possible)

Secondary insurance: Policy holder:

Identity no: Pre-certification no:



Surgeon Date