

<b>FAX TO:</b>	<b>817-548-4011</b>
<b>SCHEDULING PHONE:</b>	<b>817-548-4010</b>
<b>MAIN PHONE:</b>	<b>817-548-4000</b>

Patient/legal gaurdian given written "Patient Rights and Responsibilities" on \_\_\_\_\_ by \_\_\_\_\_.

Follow-up Appointment is scheduled for \_\_\_\_\_

**SURGERY SCHEDULING**

Surgery Date \_\_\_\_\_ Start Time \_\_\_\_\_ Duration \_\_\_\_\_ Surgeon \_\_\_\_\_

Reschedule Date \_\_\_\_\_ Start Time \_\_\_\_\_ Duration \_\_\_\_\_ Person Scheduling Case \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Tel# ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate # ( \_\_\_\_\_ ) \_\_\_\_\_ cell / work / other

Anesthesia:  Gen  Gen w/  MAC  Bier Block  IV Sedation  Choice  Local

ICD-9/CPT	DX/Proc	Site
1) _____	_____	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bil.
2) _____	_____	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bil.
3) _____	_____	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bil.
4) _____	_____	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bil.

PLEASE LIST SPECIAL EQUIPMENT/INSTRUMENTS/IMPLANTS NEEDED:

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE**

**PRIMARY** Insurance \_\_\_\_\_  HMO  PPO  POS  EPO  Other Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Insured Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Claim Mailing Address: \_\_\_\_\_  
 Insured ID # \_\_\_\_\_ Group # \_\_\_\_\_

**SECONDARY** Insurance \_\_\_\_\_  HMO  PPO  POS  EPO  Other Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Insured Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Claim Mailing Address: \_\_\_\_\_  
 Insured ID # \_\_\_\_\_ Group # \_\_\_\_\_