OPERATIVE/SURGICAL PROCEDURE SCHEDULING REQUEST AND ORDERS

☐ McLaren Greater Lansing ☐ McLaren Orthopedic Hospital

Fax to: 517-975-2206, 517-975-7480 or 517-975-2234

Surgeon | Date of Surgery | Time of Surgery | Duration:_______ | ☐ Block Time ☐ Open Time | ☐ Rescheduled From: _________ To: ___________
Preference: ☐ AM ☐ PM

Patient Name: Last | First | Middle

DOB | Age | Sex | Height | Weight

Patient Address: | City | State | Zip Code

Social Security Number | Home Phone | Work Phone | Cell phone

Next of Kin, Legal Guardian, Other contact person, Phone, Relationship to patient | Permission to discuss history with

Patient Special Needs: ____________________

Type of Insurance, Contract/Policy Number - Primary: ____________________

Secondary: ____________________ Authorization Number: ____________________

Diagnosis: ____________________ICD Code(s):____________________

Procedure/Consent to read: (NO abbreviations): ____________________

CPT Code(s): ____________________

Anesthesia Type:
☐ Local ☐ MAC ☐ General ☐ Other
☐ Spinal ☐ Anesthesia Pain Block

Admitting Status:
☐ Inpatient ☐ Outpatient with extended recovery Outpatient

Special Equipment/Instruments: ☐ C-Arm ☐ Mini C-Arm
☐ Cell Saver ☐ Laser _______

Implant Specifics: ____________________
Company Rep: ____________________

Other Special Requests:

Patient Interpreter: ☐ Yes ☐ No
Primary Language: ____________________

Patient Diabetic: ☐ Yes ☐ No

Latex Precautions: ☐ Yes ☐ No

History of Malignant Hyperthermia: ☐ Yes ☐ No

Allergies: ☐ Yes ☐ No

Physician Office Only:

____
☐ Follow Anesthesia Protocol
____

☐ CBC / PBC ☐ U/A ☐ BMP ☐ CMP
☐ HCG ___ ☐ K+ ☐ Lytes
☐ Type / Screen ☐ Crossmatch _________ units

☐ Supplemental Orders Faxed with Boarding
☐ PAS Stockings
☐ EKG
☐ Pre-Op Antibiotic: ____________________

Physician Signature: ____________________Date/Time:________

Surgery Scheduling Use Only:
Confirmation Date and Time: ____________________
Confirmation #: ____________________
Scheduler: ____________________ _

Supplemental Orders to POV:
Date / Time: ____________ Initials: ___________
Pre-Admission Date: ____________ ☐ AM ☐ PM

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