



Anne Arundel Medical Center
Annapolis, MD 21401

Scheduling Request for Procedures

AAMC Central Scheduling Office
Phone: 443-481-1500 • Fax: 443-481-1515

ASC Pasadena 443-270-8989 Fax 443-270-8659

Revision Date _____

PATIENT NAME <i>(Please Print)</i>		
SOCIAL SECURITY	DATE OF BIRTH	
HOME PHONE	WORK PHONE #	CELL PHONE #
INSURANCE CO NAME		E-MAIL
POLICY #		GROUP #
AUTHORIZATION	SUBSCRIBERS NAME	
PRE-CERT ICD-9 CODE		
PRE-CERT CPT CODES		

Primary Care Physician / Licensed Independent Provider: _____

Latex Allergy? Yes No

Sex: Male Female **Height** _____ **Weight** _____

1. **Patient Class:** Inpatient Surgery Admit ASC Annapolis
 Hospital Pavillion ESP ASC Pasadena

2. **Admit to the service of** Benjamin Petre _____ Assist / 2nd Surgeon PA _____

3. **Procedure date** requested _____ Time _____, 2nd Choice Date _____ Time _____
 Time Needed **per History** _____ Minutes*** (setup & teardown time will be added)***

Comments: *(obese, difficult case, revision, nursing home patient)* _____

4. **Diagnosis:** _____

5. **Schedule for:** *(No abbreviations accepted)* _____

Procedure is on Research Protocol No. _____

6. **Special Equipment / Needs / Implants:** _____

Specialty Bed

7. **Potential for High Blood Loss**

8. **Planned Anesthesia:** General Spinal MAC Epidural Local Choice

9. **Post Op Need:** Critical Care Post Op: Telemetry

10. **Patient History:** *(Check ALL that apply)* Pacemaker / Defib Diabetes Prion Disease (known or suspected)

11. Anesthesia Consult needed for: _____

Requestor: Benjamin Petre _____ **Date** _____ **Time** _____

