



SURGICAL BOARDING SCHEDULING REQUEST
PHONE: 734-458-3218 Fax: 734-421-8137

- INPATIENT ADMISSION** (EXPECTED TO STAY OVERNIGHT)
- PRIOR DAY INPATIENT ADMISSION** (WITH APPROPRIATE MEDICAL NECESSITY AND AUTHORIZATION)
- OUTPATIENT SURGERY** (EXPECTED TO BE DISCHARGED) (After up to 6 hours PACU Recovery)
- ENDOSCOPY** (MINOR PROCEDURE) **RADIOLOGY/X-RAY SPECIAL** **CARDIOLOGY**

SURGEON: _____

REFERRING/FAMILY PHYSICIAN: _____

SURGERY DATE: _____ **TIME REQUESTED:** _____

PROCEDURE (DESCRIPTION): Left Right _____

DIAGNOSIS: _____

PROCEDURE/ CPT CODE: _____ **DIAGNOSIS CODE:** _____

TYPE OF ANESTHESIA: _____

INSURANCE: _____ **AUTHORIZATION:** _____

Subscriber: _____ Subscriber Date of Birth: _____

Subscriber Address: _____

Subscriber Phone Number: _____

PATIENT NAME (Last, First): _____

Patient Address (Include city and Zip Code): _____

Male Female _____

Patient Social Security Number: _____ **Patient Date of Birth:** _____

Patient Home Phone (Include Area Code): _____

Patient Cell Phone (Include Area Code): _____

Patient Work Phone (Include area code): _____

PRIMARY CONTACT (Include Relationship): _____
_____ **Phone:** _____

LEGAL GUARDIAN: _____ **Phone:** _____

CHECK ALL THAT APPLY:

- Diabetic
- Pacemaker/Defibrillator
- Medical Or Cardiac Clearance Required (Circle)
- CPAP for Sleep Apnea
- ECF Patient
- Latex Allergy
- Need Interpreter (Indicate Language): _____

COMPLETE AS NEEDED:

- Rep Needed: _____
- Special Equipment Needed: _____
- Special Needs/Comments: _____
- Implant and Vendor: _____