

Office Scheduler: \_\_\_\_\_ Form Fax # \_\_\_\_\_

**Admission Type:**  New Request  CHANGE REQUEST  
 **Same Day** - It is Medically necessary for this patient to have this procedure today \_\_\_\_/\_\_\_\_/\_\_\_\_;  
the Moreland Surgery Center is suitable for this procedure. \_\_\_\_\_ (Physician Signature Required)

**Request Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI** \_\_\_\_ **Sex:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_ (BMI less than 45) **Drug Allergies:** \_\_\_\_\_

**Patient Email:** \_\_\_\_\_

(Email used for patient survey and internal patient registration purposes only )

**Patient notified of Online Pre-Registration**  **Interpreter Services needed:**

**Surgeon:** \_\_\_\_\_ **H&P Physician:** \_\_\_\_\_ **PCP:** \_\_\_\_\_  
**Authorization #** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Procedure Consent:** \_\_\_\_\_ **Primary CPT Code** \_\_\_\_\_

\_\_\_\_\_ **Primary DX Code** \_\_\_\_\_

**PreOp Diagnosis** \_\_\_\_\_

**Anesthesia:**  GENERAL  MAC  IV SED  LOCAL  
 Aspirin Last Dose on: \_\_\_\_\_  Coumadin Last Dose: \_\_\_\_\_  Plavix Last Dose \_\_\_\_\_

**Pre-Admission Testing Will be done at:**

COVID -19 TEST [ lab #4551]  CXR (PA & LAT)  Hemogram  UA  
 CBC  EKG  None  Urology Standing Orders  
 CMP  Follow Anesth Protocol  Pro-time/INR  Other \_\_\_\_\_  
 Basic Metabolic Panel

**Day Of Surgery Testing**

Finger-Stick FBS  PT/INR  Other \_\_\_\_\_  
 KUB  Urine Pregnancy

**Pre-Op Antibiotics**

Cefazolin per weight-based dosing strategy  Cipro 500mg upon arrival p.o.  CeFOXitin per weight-based dosing strategy  
 Clindamycin \_\_\_\_ 600mg IV \_\_\_\_ 900mg IV  Ciporflloxacin 400 mg IV  Gentamycin 240mg IV Rocephi \_\_\_\_ gram IV  
 Other

**Other Medication & Items**

Ketorolac 30mg IV  Oxymetazolin Nasal Spray, Two Sprays each Nostril \_\_\_\_\_  
 Dexamethasone \_\_\_\_mg IV  Fleets Enema x \_\_\_\_ on arrival  
 Sequential Circulatory Device  Other \_\_\_\_\_

**Additional Needs:** \_\_\_\_\_

**Order Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Order Time:** \_\_\_\_\_ **Order Signature:** \_\_\_\_\_

**Confirmation:**  
**Scheduled Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Scheduled Time:** \_\_\_\_\_ **Scheduler:** \_\_\_\_\_