DURANGO
Outpatient Surgery Center
Affiliate of St. Rose Dominican Hospitals

Scheduling Form

Please fax to Patty:
Fax: (702) 789-5677
Efax: (702)554-4583
Phone: (702) 789-5676

PHYSICIAN _____ Patient Acct # _____

CPT _____

_____ **DOS** _____

_____ **TIME** _____

PT. NAME _____ **SEX:** _____ **DOB:** _____

HOME PH#: _____ **INSURANCE** _____

INSURED'S EMPLOYER: _____ **DOI:** _____

SELECT ONE: ◯ **HMO** ◯ **POS** ◯ **PPO** ◯ **EPO**

PATIENT SS# _____ **INSURANCE ID#** _____
(incl. prefix/suffix)

INSURANCE PHONE # _____ **INSURED'S NAME** _____

SS# OF INSURED (if other than patient): _____ **AUTH #** _____

2ND INSURANCE: _____
(if applicable)
INSURED: _____ **INSURANCE ID#** _____
(incl. prefix/suffix)

INSURANCE PHONE # _____ **AUTH #** _____

PROCEDURE _____

_____

IMPLANTS _____

ICD-9 / DIAGNOSIS: _____

Special Request: _____

(PLEASE SELECT REQUESTS BELOW)

XRAY ☐ **Yes** | **No** ☐ **PREFERENCE: Mini C-Arm** ☐ **Large C-Arm** ☐

XRAY TECH NEEDED? ☐ **Yes** | **No** ☐

Anesthesia Group/Type: _____ **Length of Time:** _____

DOSC Rep _____ **SCHEDULER'S NAME** _____

Date: _____ ***DATE:*** _____

***Items in **Bold Print** are required information!!*

We must also have a copy of each valid insurance card faxed to us.

PRE-OP ORDERS

Patient Name: _____ Date of Birth: _____

Diagnosis/ICD9 Code: _____

Surgical Procedure/Consent: _____

_____

Date of Procedure: _____ Surgeons Name: _____

ORDERS:

1. Admit to Durango Outpatient Surgery Center
2. Start I.V. with ☐ 1000cc Ringers Lactate ☐ 500cc Ringer s Lactate
3. Other orders: _____

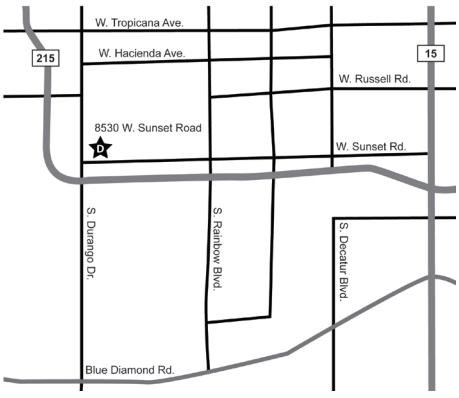
_____

Physician Requested LAB TESTS: √ Check or Circle test to be ordered

■ Female Patient's ☐ CBC ☐ Urine Pregnancy (Menstruating Females) ■ Female Patient's (Age > 50) ☐ EKG ☐ CBC ☐ Chem Panel	■ Male Patients's Age >40 ☐ EKG ■ All Patients Age > 60 ☐ CBC ☐ Chem Panel ☐ EKG ☐ CXR (PA/Lateral) as indicated by history
■ Diabetics: Patient's taking Diuretics or Cardioactive Drugs ☐ Chem Panel ☐ Accucheck (for all Diabetic Patients on Admission) ■ No Test's Required	■ Other ☐ PT ☐ PTT ☐ Crutch Training ☐ _____

Labs for patients on K+ depleting drugs should be < 2 weeks old.
If Patient had an EKG within the last 6 months - Please fax results to Durango Surgery Center.
FAX ALL RESULTS TO DURANGO OUTPATIENT SURGERY CENTER (702) 789-5656

Physician Signature _____ Date _____



DURANGO
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8530 W. Sunset Road, Suite 100 • Las Vegas, NV 89113
(702) 789-5700

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FOCUSED HISTORY AND PHYSICAL FORM

CURRENT VITAL SIGNS ON PRE-OP ASSESSMENT
INDICATIONS FOR PROCEDURE(S): _____

_____

NKDA:_____REACTION TO MEDICATION(S) / ALLERGIES:_____

MEDICATION (S)/ DOSAGE(S) NOT ON THE MEDICATION SHEET:_____

_____

PAST SIGNIFICANT MEDICAL / ANESTHESIA HISTORY: _____

_____

PAST SURGICAL HISTORY: _____

_____

PHYSICAL EXAMINATION WITH PERTINENT POSITIVES:

	NORMAL	ABNORMAL	
HEART	☐	☐	_____
LUNGS	☐	☐	_____
OTHER	☐	☐	_____
OTHER	☐	☐	_____

Please Check Which Apply

THE RISKS AND BENEFITS HAVE BEEN EXPLAINED TO THE PATIENT/FAMILY: ☐

PATIENT APPROVED FOR SURGERY AT AN OUTPATIENT SURGICAL CENTER: ☐

THE PATIENT WAS EXAMINED AND NO CHANGES ARE PRESENT FROM LAST H&P. ☐

THE SURGERY WAS SCHEDULED ON THE SAME DAY AS A MEDICAL NECESSITY: ☐

PHYSICIAN'S SIGNATURE:_____

Date: ____ / _____ / _____

Patient Sticker