McLaren Flint FLINT, MICHIGAN Surgery and Endoscopy Boarding and Pre-Admission Order Form

	New	Re	eschedule			Phor	ne: (8	10) 342	2-2051		Fax	: (8	10) 342	-3622					
Patient												Male/ Female			Date of Birth:				
Name://											Circle One			//					
							First MI econdary Phone:				CC#.			Month Day Year Email Address:					
Primary Phone: Secon								condary Phone:			SS#:			Email Address:					
St	treet					I			Apt #										
City State								tate			Zip			Patient Conditions:					
Insurance #1 Contra								ontract			Group			Subscriber/ Relationship					
					cont					C. C. P									
Insurance #2 Contra							ontract			Grou	Group			Subscriber/ Relationship					
						1		C	ase Inf	ormatio	on			1					
	Procedure/													CPT Code:					
	urgeon:																		
	ssistant:																		
Diagnosis/ ICD-9 code:																			
Requested Surgery Date: Estimated								Referring Physic			cian: Cell Saver			□ Interpreter			Scheduled By:		
Date:// Length of Ca							Case:				🗆 Yes 🗆 No			Needed					
	ime:						Type: Anesthesia Type:												
	Admission Type:														-	nal [Local		
	 Same Day Admit (SD) Ambulatory (AM) Inpatient Outpatient/ Local (OP) Day Before Admit (IN) 23 Hour A 																		
Implant or Special Equipment Requested:																			
V	Vendor: Type: Dified																		
						P	re- A		•	ting Phy	/sic	ian	Order	s					
	ALB		HEMDF		HGBA			ΓINR	VIT						N CHEST Previous EKG :				
	ALP		CMP		HGBE	LC	P	ГТ	WB	C				ECHO			Date:		
	ALT		CREA		LIPID				T&S				ABI			Where:			
	AST		CRP		LYTE				T&C					PFT			Copy Sent: Yes NO		
	BLDTIME BMP		FOL	_	MG				EAD EKG						Previous CXR: When:				
	BUN		GLU HFP	-	MRSA P2Y1			UA 2V CHI CURINE VEIN M								Where:			
	CBC		Hgb	-	PLT	-		PREG							Copy Sent: Ves NO				
Consult Type: H&P:												Cancer Staging Form:							
	Date: Included w/Boa											rding 🛛 Send to				□ If patient has diagnosis of cancer,			
P	Physician:												al PAT pleas				se fax clinical staging form to PAT		
A	dditional Te	est	s, Pre Me	dic	cations	or Sp	ecial	Instruc	tions:										
														Physician Signature Date/ Time					
CI	SURGERY AND ENDOSCOPY BOARDING AND PT.																		

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