

SHARP Memorial Outpatient Pavilion

3075 Health Center Drive | San Diego, CA 92123
Ph: (858) 939-5105 Fax (858) 636-2200

For Internal Use Only

FIN # _____

Booking # _____

Initial Booking Modified Booking/Description: _____

DATE: _____ FROM: _____ PHONE #: _____

INFORMATION REQUIRED FOR ALL CASES

Type or Print clearly –no abbreviations

Patient Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Home): _____ (Cell Phone): _____

Date of Birth: ____/____/____ SSN#: ____-____-____ Email: _____

INPT SHORT STAY OUTPT IN HOUSE RM #: _____

Surgeon: _____

Assistant/Second Surgeon: _____

Surgery Date: ____/____/____ Time: _____ Length of Proc: _____

Pre-Op Diagnosis: _____

IS THIS SURGICAL PROCEDURE TO TREAT OR TO FURTHER DIAGNOSE A CANCER: Yes No

Laterality: Left Right Bilateral N/A

Surgical Procedure: _____

IMAGING PROCEDURE: _____

PERFORMED AT SHC: Yes No PERFORMED AT SDI: YES NO

LOCATION PERFORMED: _____ PHONE #: _____ DATE PERFORMED: _____

IMAGES TO BE PRINTED: YES NO OUTSIDE IMAGES: SURGEON TO BRING PATIENT TO BRING CD FROM OFFICE

ADDITIONAL PATIENT INFORMATION

Male Female

Height: _____ Weight: _____ Insurance: _____ Authorization #: _____

Is the Patient Pregnant?: Yes No If Yes How Many Weeks? _____

Does Patient require PTH Testing?: Yes No

Is Patient Coming from A Skilled Nursing Facility?: Yes No Name of Facility _____

Please List Any Allergies: _____

What is patient's BMI per your pre-op office visit?: _____ (patient's with a BMI > 45 **cannot be done at OPP**) Link to online BMI calculator

<http://www.nhlbisupport.com/bmi/>

ADDITIONAL BOOKING INFORMATION

Anesthesia: General Local/Mac Choice

Special Equipment Needs: Mini Fluoroscanner C – Arm

If your patient has any of the following THEY MUST GO FIRST IN THE LINE-UP

C-PAP SLEEP APNEA DIABETIC MALIGNANT HYPERTHERMIA

If your patient has any of the following THEY MUST GO LAST IN THE LINE-UP

C-DIFF MRSA VRE ESBL TB