



Today's Date : _____

NEURO SCHEDULING SHEET

| | | | |
|---------------------|---------------------|---------------------|---------------------|
| Bend | Redmond | Prineville | Madras |
| Fax: 541-706-6342 | Fax: 541-526-6568 | Fax: 541-416-9942 | Fax: 541-460-4070 |
| Phone: 541-706-7788 | Phone: 541-526-6503 | Phone: 541-447-8346 | Phone: 541-460-4083 |

PATIENT INFORMATION

Patient Last Name: _____ First Name: _____ MI: _____
 DOB: _____ Gender: Female Male Last Four Digits Of SSN: _____
 Patient Address: _____ City: _____ St: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Pt. Preferred Number: Home Cell Work Best Time To Call Pt: Morning Afternoon Evening
 Interpreter Needed: Yes No Language: _____
 Insurance Company Name: _____ Policy # _____
 Medicare: Yes No Authorization / Pre Certification Number: _____

SURGERY INFORMATION

Surgery Date: _____ Surgeon: _____ Assistant: _____
 Secondary Surgeon: _____
 Surgeon's Scheduler Name: _____ Direct Phone: _____
 ICD(s): _____ CPT(s): _____
 Working Diagnosis: _____
 Procedure: Left Right Bilateral _____

 Inpatient / Outpatient / Current In Patient - Room #: _____ Time Required (Cut to Close): _____
 Position For Surgery: Supine / Lateral / Beach Chair / Prone / Sitting / Other: _____
 Approach: Laparoscopic Open
 Anesthesia: General / Spinal / MAC / Local / Bier / Moderate Sedation / Other: _____
 Instrumentation: _____
 Special Order - Type: _____ Size: _____ Manufacturer: _____
 Vendor Rep Notified: Yes No Rep Name: _____ Phone #: _____

Implant: _____ Implant Authorization No. _____

| | | |
|--------------------|----------|------------------------------|
| OEC C-Arm: | Single | Biplanar |
| Table: | Standard | Jackson (OSI) |
| Microscope: | Yes | No |
| Monitoring: | SSEP | BAERS EMG |
| Special: | Cusa | Platelet Concentrate Stealth |

Medical Pre-Op With: _____ **Date:** _____ **Time:** _____
Pre-Op With Surgeon **Date:** _____ **Time:** _____

A=G7 "G7 <981 @B; `B: CFA5HCB