

United Regional Surgery Reservation / Order Form

This form must be completed and faxed to **764-3271** to schedule your procedure; it must also be **signed by physician** and sent with patient to preadmission appointment. **All patients must preadmit.** Physician staff or patients may call **764-3711** to schedule a preadmission appointment.

Today's Date _____ Time _____

Admit Status IN PT _____ Out PT _____ 23hr OPS_____ 23 hr Obs _____

Patient's Legal Name _____ Campus 11 _____ 8 _____

MD _____ DOB _____

Home phone _____ Cell phone/ Work _____

SS # _____ SEX _____ Medicare # _____ Medicaid # _____

Insurance Co. _____ Group # _____ Policy # _____

Primary MD _____ Admit Diagnosis _____

Surgery / Procedure Date _____ Admit diagnosis _____

Procedure / Surgery _____

Is pt coming from another facility? If yes please provide name _____

Allergies _____

Latex Allergy Yes _____ No _____ Does pt have MRSA or ORSA _____ Yes _____ No

Pre-op testing orders per anesthesia _____ Yes ___ No Type of Anesthesia _____

Initiate my standing orders _____ Yes _____ No

Any further orders or information _____

Physician signature:

Fax completed form to 764-3271 and then send form in preadmit packet with patient as this is required to be sent and signed by physician in order to activate and initiate orders.

