



WENTWORTH SURGERY CENTER, LLC

New Request	
Changed Form	
Cancellation/Reason	

SURGICAL/PROCEDURE BOOKING FORM (PLEASE TYPE)

Person Submitting Booking: _____ Date: _____

PATIENT			
LEGAL NAME: LAST _____		FIRST _____	
		MIDDLE _____	
Date of Birth:	M F	PCP: _____	
Phone(Home):	(Work):	(Cell):	
Minor/Guardian Name: _____			
Height:	Weight:		
Allergies and Precautions:			
Latex Allergies:		Yes	No
Diabetic:	Insulin Dependent	Non-Insulin Dependent:	Sleep Apnea:
Hx of MH: MH++	PT	Family	
Other Allergies: _____			
Other Special Precautions: _____			
Procedure Type: Elective		Non-Elective	
Procedure Date: _____		Procedure Time w/ Turnover: _____	
Pre-op Diagnosis: _____			
Procedure(s): _____		CPT Code: _____	
_____		_____	
_____		_____	
_____		_____	
Pre-Cert Authorization #: _____			
Implants:			
Surgeon(s): _____		Assist Surgeon: _____	
_____		_____	
If two procedures, are the surgeons working at the same time? Yes No			
If No, what time will the 2nd surgeon enter the case? _____			
Anesthesia:	MAC	Block	Local General
Equipment Needed: C-Arm			
Other Special Requests/Equipment Needed: _____			
Pre-Op Physical Appointment Set: Date: Time:			
Airway Evaluation:		Phone Call:	
NPO	CHEST X-RAY	EKG	CBC CHEM K+ OTHER

Please send the completed Booking Form / Clear Copy of Insurance Card, Front & Back / Demographic Sheet - Fax to: 603-834-9906