



Citrus Valley Health Partners Surgery Scheduling Form

Campus: FPH
 ICH
 QVH

Procedure Information

Procedure Date (mm/dd/yy): _____ Start Time (hh:mm): _____ AM PM Est. Length: _____ min

Surgeon: _____ Assistant: _____

Procedure (*No Abbreviations Please*):

Site: Left Right Bilateral N/A

CPT Codes: _____

Diagnosis (*No Abbreviations Please*):

ICD-10 Codes: _____

Anesthesia Type (*Please Choose One*): General MAC Epidural Local

Special Considerations (e.g. Transfusion-free & isolation):

Patient Information

Last Name: _____ First Name: _____

Gender: Male Female Date of Birth: _____ Social Security Number: _____

Primary Language Spoken: English Spanish Other: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Address Type: Home Long-term Care Facility SNF Other: _____

Street: _____ City: _____ State: _____ Zip: _____

Primary Care Physician's Name: _____ Phone: _____

Cardiologist (Open Heart Only): _____ Phone: _____

Insurance & Admission Information

Insurance: _____ Policy Number: _____

Insurance ID: _____ Authorization Number: _____

Admit Type: AM Admit Outpatient Surgery 23-Hour Stay Inpatient - Room: _____

Work Comp CO: _____ Claim # _____ Phone: _____

Supply and Equipment Information

C-ARM: Yes No Other Special Equipment/Requests: _____

Microscope: Yes No

Vendor: _____ Name: _____ Phone: _____

Rep Notified: Yes No By: _____ Date: _____

Completion Information

Person Completing Form: _____ Date: _____

Phone: _____ Ext.: _____ Fax: _____

Please fax all QVH and ICH Booking Sheets to 626-814-2581