



PHYSICIAN BOOKING SHEET FOR SCHEDULING

ENDOSCOPIC & PAIN MANAGEMENT

AT JFK NORTH CAMPUS

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Sex (M / F) \_\_\_ Phone # \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ SS# (last 4 digits) \_\_\_\_\_ Authorization # \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Procedure/Surgery \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Company/Equipment: \_\_\_\_\_

Date of Surgery: \_\_\_/\_\_\_/\_\_\_ Type of Anesthesia: \_\_\_\_\_

Time of Surgery: \_\_\_\_\_ Procedure/CPT Code(s): \_\_\_\_\_

\_\_\_ Admit to Outpatient \_\_\_\_\_

\_\_\_ Admit to In-patient \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Fax \_\_\_\_\_

Cases Scheduled by PHONE:

Call: 561-863-3857 to schedule case with above information

Cases Scheduled by FAX - (Complete this Form):

Fax: 561-473-7698

ALL Pre-Operative Orders, including pertinent documents:

Fax: 561-473-7698