

Green Valley Parkway Location

100 N. Green Valley Pkwy., #125
Henderson, NV 89074
702.616.4944

Please fax to Mary:
Fax: 702.616.4962 Efax: 702.974.1106



A Joint Venture with St. Rose Dominican and United Surgical Partners

Scheduling Form

Horizon Ridge Location

10561 Jeffreys St., #130
Henderson, NV 89052
702.724.8900

Please fax to Mary:
Fax: 702.616.4962 Efax: 702.974.1106

PHYSICIAN _____ Patient Acct # _____

CPT _____

_____ DOS _____

_____ TIME _____

PT. NAME (LAST/FIRST) _____ SEX: _____ DOB: _____

HOME PH#: _____ INSURANCE _____

INSURED'S EMPLOYER: _____ DOI: _____

SELECT ONE: HMO POS PPO EPO

PATIENT SS# _____ INSURANCE ID# _____

(incl. prefix/suffix)

INSURANCE PHONE # _____ INSURED'S NAME _____

SS# OF INSURED (if other than patient): _____ AUTH # _____

2ND INSURANCE: (if applicable) _____

INSURED: _____ INSURANCE ID# _____

(incl. prefix/suffix)

INSURANCE PHONE # _____ AUTH # _____

PROCEDURE _____

IMPLANTS _____

ICD-10 / DIAGNOSIS: _____

Special Request: _____

(PLEASE SELECT REQUESTS BELOW)

XRAY Yes | No

PREFERENCE: Mini C-Arm Large C-Arm

XRAY TECH NEEDED? Yes | No

Anesthesia Group/Type: _____ Length of Time: _____

PSC Rep _____ SCHEDULER'S NAME _____

Date: _____ DATE: _____

****Items in Bold Print are required information!!**
We must also have a copy of each valid insurance card faxed to us.

PRE-ADMISSION TESTING

Patient Name: _____ Date of Birth: _____
 Diagnosis/ICD10 Code: _____
 Surgical Procedure/Consent: _____

Date of Procedure: _____ Surgeon's Name: _____

ORDERS:

1. Admit to Parkway Surgery Center
2. Start I.V. with 1000cc Ringers Lactate 500cc Ringer's Lactate
3. Other orders: _____

Physician Requested LAB TESTS: Check or Circle test to be ordered

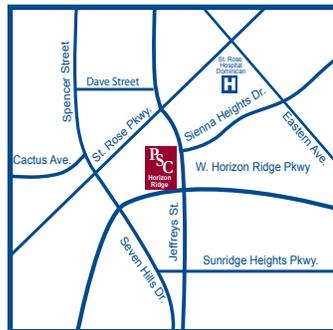
<p><input checked="" type="checkbox"/> <u>Female Patient's</u></p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Urine Pregnancy (Menstruating Females)</p> <p><input checked="" type="checkbox"/> <u>Female Patient's (Age > 50)</u></p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Chem Panel</p>	<p><input checked="" type="checkbox"/> <u>Male Patients's Age >40</u></p> <p><input type="checkbox"/> EKG</p> <p><input checked="" type="checkbox"/> <u>All Patients Age > 60</u></p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Chem Panel</p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> CXR (PA/Lateral) as indicated by history</p>
<p><input checked="" type="checkbox"/> <u>Diabetics: Patient's taking Diuretics or Cardioactive Drugs</u></p> <p><input type="checkbox"/> Chem Panel</p> <p><input type="checkbox"/> Accucheck (for all Diabetic Patients on Admission)</p> <p><input checked="" type="checkbox"/> <u>No Test's Required</u></p>	<p><input checked="" type="checkbox"/> <u>Other</u></p> <p><input type="checkbox"/> PT</p> <p><input type="checkbox"/> PTT</p> <p><input type="checkbox"/> Crutch Training</p> <p><input type="checkbox"/> _____</p>

Labs for patients on K+ depleting drugs should be < 2 weeks old.

If Patient had an EKG within the last 6 months - Please fax results to Parkway Surgery Center.

FAX ALL RESULTS TO PARKWAY SURGERY CENTER 702.269.0428

Physician Signature _____ Date _____



Green Valley Location
 100 N. Green Valley Parkway, Suite 125
 Henderson, Nevada 89074
 Phone (702) 616-4954
 Fax (702) 269-0436

Horizon Ridge Location
 10561 Jeffreys Street, Suite 130
 Henderson, Nevada 89052
 Phone (702) 724-8900
 Fax (702) 982-8854

PATIENT SHOULD BRING COPY ON DAY OF REGISTRATION