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Valley Regional Hospital OR Booking Worksheets

Please fax booking sheets to 603 542-1892 (OR)

Patient Name:	D	ate of Birth:
Last name	First name MI	ngupanaa•
Address:		nsurance:
		nsurance No.
		re-certification No.
Home Phone:	Work P	hone:
Other contact no.:	Contact	t Person:
Surgeon:	Assistar	nt:Estimated Duration:
Surgery Date:	Surgery Time:	Estimated Duration:
Diagnosis:		
Procedure:		
	•	
Special Equipment Needs: (C-Arr	n, Pathology, Implants, etc.)	
T I		
Medical Dr./PCP	History and	Physical: by
Medical Dr./PCP	History and ys/EKG/Stress Tests/etc a	Physical: by
Diagnostic Test(s) i.e. Lab/X-ra	ys/EKG/Stress Tests/etc a	already performed.
Medical Dr./PCP	ys/EKG/Stress Tests/etc a Date performe	Physical: byalready performed.
Diagnostic Test(s) i.e. Lab/X-ra Where performed:	ys/EKG/Stress Tests/etc a Date performe	already performed.
Diagnostic Test(s) i.e. Lab/X-ra Where performed: Location of X-rays if needed:	ys/EKG/Stress Tests/etc a Date performe	already performed. ed:
Diagnostic Test(s) i.e. Lab/X-ra Where performed: Location of X-rays if needed: Status Form: Full Admit (Acute)	ys/EKG/Stress Tests/etc a Date performeAmbulatory Surgery (SDS)	already performed. ed: Procedure Room (Local)
Diagnostic Test(s) i.e. Lab/X-ra	ys/EKG/Stress Tests/etc a Date performe	already performed. ed: Procedure Room (Local)
Diagnostic Test(s) i.e. Lab/X-ray Where performed: Location of X-rays if needed: Status Form: Full Admit (Acute) PAT Date:	ys/EKG/Stress Tests/etc a Date performeAmbulatory Surgery (SDS) Time: For doctor's	already performed. ed: Procedure Room (Local) Phone: Y / N
Diagnostic Test(s) i.e. Lab/X-ray Where performed: Location of X-rays if needed: Status Form: Full Admit (Acute) PAT Date:	ys/EKG/Stress Tests/etc a Date performe Ambulatory Surgery (SDS) _ Time: For doctor's a completed paperwork to SDS	Already performed. ed: Procedure Room (Local) Phone: Y / N s office use: S 542-7848 within 48 hours of surgery
Diagnostic Test(s) i.e. Lab/X-ray Where performed: Location of X-rays if needed: Status Form: Full Admit (Acute) PAT Date:	ys/EKG/Stress Tests/etc a Date performe Ambulatory Surgery (SDS) Time: For doctor's a completed paperwork to SDS Preop Che	Already performed. ed: Procedure Room (Local) Phone: Y / N s office use: S 542-7848 within 48 hours of surgery ecklist
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Please remember that all consents need to be signed (by surgeon, patient and witness), dated and timed. Status forms and preop orders need to be signed, dated, and timed. If you are unsure of a time for admittence, please leave it blank and we will fill in the time of arrival. *Thank you*.