

Hudson Regional Hospital
55 Meadowlands Parkway Secaucus, NJ 07094
Phone: (201) 392-3083 -Fax: (201) 392-3127
Surgical Booking Form / Physician Order

SDS_____ IN-PT_____
Please check off one of the above

Patient Information					
LAST	FIRST	MI	<input type="checkbox"/> M <input type="checkbox"/> F	DOB	AGE
STREET ADDRESS			SOCIAL SECURITY #		
CITY	STATE	ZIP	EMERGENCY CONTACT		
HOME #	WORK #	CELL #	EMERGENCY #		
Surgical Procedure Information					
SURGEON		ASSISTING SURGEON			
REQUEST DATE #1	TIME	REQUEST DATE #2	TIME	LENGTH OF CASE	
PRIMARY PROCEDURE NAME <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					
CPT CODE #1	CPT CODE #2	CPT CODE #3	CPT CODE #4		
SURGICAL DIAGNOSIS NAME		ICD-10 CODE #1	ICD-10 CODE #2	ICD-10 CODE #3	ICD-10 CODE #4
Pre-Operative Medical Clearance					
DOES THE PATIENT REQUIRE PRE-OP MEDICAL CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:		
DOES THE PATIENT REQUIRE CARDIAC CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:		
Anesthesia:					
Local _____ Conscious Sedation _____ Mac _____ General _____ Spinal _____ Regional _____					
Special Requests					
EQUIPMENT			SUPPLIES		
INSTRUMENTATION			OTHER		
Insurance Information					
IS THIS WORKMAN'S COMP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE ATTACH	CASE CLAIM #	DATE OF INJURY	POLICY#
IS THIS NO FAULT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	AUTHORIZATION LETTER			
IS THIS PRIVATE HEALTH INS?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
IS THIS A LIEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ATTORNEY NAME	ATTORNEY PHONE #		
PLEASE ATTACH SIGNED LIEN					
Insurance Pre-Certification Authorization					
INSURANCE COMPANY PHONE #		INSURANCE CO. REPRESENTATIVE	AUTH #	DATE OF AUTH.	
Surgeon's Scheduler's Information					
NAME		PHONE #	FAX #		
Transportation: <input type="checkbox"/> YES <input type="checkbox"/> NO					

Physician Signature: x_____ Date: _____