Premier Surgery Center of Clifton
999 Clifton Ave,
Clifton, NJ 07013
Phone: (973) 354-2484

Surgical Booking Form

Patient Information

LAST	FIRST	MI	☐M ☐F	DOB	AGE
txt_lname|LastName	txt_fname|FirstName	txt_mname|M		txt_dob|DOB	txt_age|AGE

STREET ADDRESS	SOCIAL SECURITY #
txt_address|Address1	txt_ssn|SSN

CITY	STATE	ZIP	EMERGENCY CONTACT
txt_city|City	txt_state|State	txt_zip|Zip	txt_mob|Phone2

HOME #	WORK #	CELL #	EMERGENCY #
txt_Phone2|Phone	txt_work_phone|work_	txt_mob|Phone2	

Surgical Procedure Information

SURGEON	ASSISTING SURGEON

REQUEST DATE #1	TIME	REQUEST DATE #2	TIME	LENGTH OF CASE

PRIMARY PROCEDURE NAME	☐ LEFT ☐ RIGHT	CPT CODE #1	CPT CODE #2	CPT CODE #3	CPT CODE #4

SURGICAL DIAGNOSIS NAME	☐ LEFT ☐ RIGHT	ICD-9 CODE #1	ICD-9 CODE #2	ICD-9 CODE #3	ICD-9 CODE #4

Pre-Operative Medical Clearance

DOES THE PATIENT REQUIRE PRE-OP MEDICAL CLEARANCE?	IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:
☐ YES ☑ NO	

DOES THE PATIENT REQUIRE AN EKG?	PATIENT HEIGHT	PATIENT WEIGHT
☐ YES ☑ NO		

Special Requests

EQUIPMENT	SUPPLIES

INSTRUMENTATION	OTHER

Insurance Information

IS THIS WORKMAN'S COMP? ☐YES ☐ NO	**PLEASE ATTACH**	CASE CLAIM #	DATE OF INJURY
IS THIS NO FAULT? ☐YES ☐ NO	**AUTHORIZATION LETTER**	txt_ClaimNumber|Clai	txt_doa|DOA
IS THIS PRIVATE HEALTH INS? ☐YES ☐ NO			

IS THIS A LIEN? ☐ YES ☐ NO **PLEASE ATTACH SIGNED LIEN**	ATTORNEY NAME	ATTORNEY PHONE #
	txt_attorney|Attorney	txt_attorneyPhno|AttorneyPhno

PRIMARY INSURANCE	SUBSCRIBER NAME	SUBSCRIBER SSN	SUBSCRIBER DOB
txt_InsCo|InsCo			

POLICY #	RELATIONSHIP TO PATIENT
txt_policy_no|policy_no	☑ SELF ☐ SPOUSE ☐ PARENT ☐ OTHER

SECONDARY INSURANCE	SUBSCRIBER NAME	SUBSCRIBER SSN	SUBSCRIBER DOB

POLICY #	RELATIONSHIP TO PATIENT
	☑ SELF ☐ SPOUSE ☐ PARENT ☐ OTHER

EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE #

Insurance Pre-Certification Authorization

INSURANCE COMPANY PHONE #	INSURANCE CO. REPRESENTATIVE	AUTH #	DATE OF AUTH.
txt_InsPhone|InsPhone			

Surgeon's Scheduler's Information

NAME	PHONE #	FAX #

Treating Physical Therapy Office

NAME	PHONE #	ADDRESS

Transportation:
☐ YES ☐ NO