Antelope Valley Medical Center

SURGERY SCHEDULING FORM

AVMC Scheduling Phone #:
(661) 949-5315
Fax ALL Preadmission Information Paperwork to:
(661) 206-6223

Surgeon: Sanjaya Khanal
Date of Surgery: 07/08/2025 Request Time: 08:00am Duration Time: _____
Admit Type: ☑ Outpatient ☐ Inpatient

Patient Demographics Section

Last Name: Palladino First Name: Alfred
Date of Birth: 06/18/1944 Gender: ☑ Male ☐ Female ☐ Other _____
SSN: _____ Maiden Name (if applicable): _____
Address: 2424 Williams Ct City: Rosamond
State: CA Zip Code: 93560 Phone #: (661) 256-6580
Alternate Phone #: _____ Email: _____
Primary Language: ☑ English ☐ Spanish ☐ Other Interpreter: _____
Allergies: _____ HT _____ WT _____
Parent/Guardian Name (if applicable): _____ DOB: _____

Insurance/Authorization Section

Insurance Name (Primary): Blue Cross HDMG; Aetna HDMG; Medicare
Policy Number: JQS202W19854; Group Number: _____
Insurance Name (Secondary): Blue Cross HDMG; Aetna HDMG; Medicare
Policy Number: JQS202W19854; Group Number: _____
Insurance Type: ☑ HMO ☐ PPO ☐ Medicare ☐ Medi-Cal ☐ Worker's Comp
If HMO, IPA Name: _____ Days Approved: _____
Authorization Number: _____ ☐ N/A Expiration Date: _____
Primary Care Physician: _____ PCP Phone #: _____
Worker's Comp Insurance Name: _____
WC Billing Address: _____ City: _____
State: _____ Zip Code: _____ WC Phone #: _____
Claim #: _____ Date of Injury: _____
Adjuster Name: _____ Phone #: _____

PLEASE ATTACH A COPY OF AUTHORIZATION, IDENTIFICATION CARD, INSURANCE CARD(S) [FRONT & BACK]
Records Reminder List below *(Please check all that apply to this patient/procedure)*

- ☑ SIGNED MD ORDERS *Required*
- ☑ History & Physical *Required*
- ☐ Informed Consent(s) *Required*
- ☐ Medicaid Sterilization Consent *Required* *If Applicable*
- ☐ Clearance Letter
- ☐ Lab
- ☐ EKG Result
- ☐ Chest X-Ray Reports
- ☐ Medication List – *Including medication name(s) and dosage*

AV Cardiology Associates

A MEDICAL GROUP

Unless drug ordered is initialed PBO(Prescribed Brand Only) Generic Equivalent will be used	Doctor's Orders	Wt:	Allergies:

Pre-Admission Orders

ADMITTING PHYSICIAN: Sanjaya Khanal

SURGEON: Sanjaya Khanal

DIAGNOSIS: Permanent atrial fibrillation I48.21

SURGERY PROCEDURE: TEE (POST WATCHMAN)

93320,93325,93312

ADMITTING DATE: 07/08/2025 TIME: 06:30 ☑ AM ☐ PM

☐ INPATIENT ☑ OUTPATIENT

DATE OF SURGERY: 07/08/2025 TIME: 08:00 ☑ AM ☐ PM

CBC: ☑ YES ☐ NO LAB TESTS DONE AT:

PT, PTT: ☑ YES ☐ NO *Please notify the office if INR is below 1.7 for **Cardioversion only**

UA: ☐ YES ☑ NO

CHEM. PANEL: ☑ YES ☐ NO

LYTES: ☑ YES ☐ NO

PREGNANCY TEST: ☐ YES ☑ NO

TYPE & SCREEN: ☐ YES ☑ NO NUMBER OF UNITS:

OTHER LAB:

EKG: ☑ YES ☐ NO EKG DONE AT:

CHEST X-RAY: ☐ YES ☑ NO CHEST X-RAY DONE AT:

H&P BY:

PREP: **N/A**

ANTIBIOTIC: **N/A**

THROMBOGARDS: ☐ YES ☑ NO ☐ THIGH HIGH ☐ KNEE HIGH

PRIMARY INSURNACE:

AUTHORIZATION REFERENCE #:

SECONDARY INSRURANCE:

AUTHORIZATION REFERENCE #:

DATE:	TIME:	DOCTOR'S SIGNATURE:	DATE:	TIME:	NOTED BY:
07/02/2025	9:48				

ANTELOPE VALLEY MEDICAL CENTER
1600 West Avenue J • Lancaster, California 93534

PRE-ADMISSION ORDERS

PATIENT LABEL

Palladino, Alfred L. 06/18/1944
2424 Williams Ct
Rosamond, CA 93560 (661) 256-6580