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: 10:00am Duration Time: _____
Admit Type: ☑ Outpatient ☐ Inpatient

Patient Demographics Section

Last Name: Parker First Name: Russell
Date of Birth: 08/17/1956 Gender: ☑ Male ☐ Female ☐ Other _____
SSN: _____ Maiden Name (if applicable): _____
Address: 44221 Kingtree Ave Apt 222 City: Lancaster
State: CA Zip Code: 93534 Phone #: (818) 216-7477
Alternate Phone #: _____ Email: _____
Primary Language: ☑ English ☐ Spanish ☐ Other Interpreter: _____
Allergies: _____ HT _____ WT _____
Parent/Guardian Name (if applicable): _____ DOB: _____

Insurance/Authorization Section

Insurance Name (Primary): Scan HDMG; Medicare; Medi Cal California
Policy Number: 40011362101; Group Number: _____
Insurance Name (Secondary): Scan HDMG; Medicare; Medi Cal California
Policy Number: 40011362101; 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: History of atrial fibrillation; Heart failure with reduced ejection fraction; Stage 3a

SURGERY PROCEDURE: _____

ADMITTING DATE: _____ TIME: _____ ☐ AM ☐ PM

☐ INPATIENT ☐ OUTPATIENT

DATE OF SURGERY: _____ TIME: _____ ☐ 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:
07/01/2025	2:58				

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

PRE-ADMISSION ORDERS

PATIENT LABEL

Parker, Russell G. 08/17/1956
44221 Kingtree Ave Apt
Lancaster, CA 93534 (818) 216-7477