



Antelope Valley
Medical Center

Procedure/Consent/Equipment Section

SURGERY SCHEDULING FORM

AVMC Scheduling Phone #:

(661) 949-5315

Fax ALL Preadmission Information Paperwork to:

(661) 206-6223

Patient Last Name: Pujol Patient First Name: David

Surgeon: Pramod Kadambi, MD

Assistant Surgeon: ☐ Yes ☐ No

Contact Person Name: Anita Phone #: 661-674-4222 x150

Diagnosis: Tricuspid insufficiency

ICD-10: I36.1

Procedure Type: ☐ Laparoscopic ☐ Laparotomy Anesthesia Type: General

Procedure Description: TEE

CPT Code(s): 93320; 93312; 93325

J Code(s): _____

Area: ☐ Left ☐ Right ☐ Bilateral ☐ N/A Position: ☐ Supine ☐ Prone ☐ Lithotomy ☐ Bilateral

Medicare Inpatient Only Procedure: ☐ Yes ☐ No IP Only CPT Code(s): _____

Special Equipment (Implant/Hardware): ☐ None

Explant: Yes ☐ No ☐ Explant Type: _____ Explant Manufacturer: _____

Implant: Yes ☐ No ☐ Implant Type: _____ Implant Manufacturer: _____

Implant: Yes ☐ No ☐ Implant Type: _____ Implant Manufacturer: _____

☐ C-ARM (Check box if required) How many C-ARM needed: ☐ 1 ☐ 2

Vendor/Company Name: _____ ☐ None

Rep Name: _____ Phone #: _____

Comorbidities: ☐ None ☐ Yes (Check all that apply)

☐ Cardiac ☐ Vascular Disease ☐ Hypertension ☐ Endocrine ☐ Diabetes

☐ Thyroid Disease ☐ Respiratory Disease ☐ Smoker ☐ Sleep Apnea ☐ Kidney Disease

☐ Liver Disease ☐ Neurological Disease ☐ Hematologic ☐ Bleeding Disorders

☐ Other _____

****All of the above fields are mandatory****

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