



**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: Helena Patient First Name: Ever

Surgeon: Sanjaya, Khanal , MD

Assistant Surgeon: ☐ Yes ☐ No

Contact Person Name: VERONICA Phone #: 661-674-4222 153

Diagnosis: ATRIAL FIBRILLATION

ICD-10: I48.0

Procedure Type: ☐ Laparoscopic ☐ Laparotomy Anesthesia Type: GENERAL

Procedure Description: WATCHMAN

33340 Q0

CPT Code(s): \_\_\_\_\_

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: BOSTON ☐ 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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**V.OJEDA@AVCARDIOLOGY.COM**

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