

ADVANCED SPINE SURGERY CENTER

Ramirez, Filadelfo
MRN: 0001407
DOS: 03/19/2012
DOB: 10/23/1970
DR: Liu

PATIENT INFORMATION

NAME: Ramirez, Filadelfo	MRN: 0001407	DOB: 10/23/1970	SEX: M
ADDRESS: 400 State St.	CITY: PERTH AMBOY	STATE: NJ	ZIP: 08861
SS#:	HOME#: 732-925-9479	WORK#: 732-992-2000	
EGCY. CONTACT NAME:		PHONE#:	

GUARANTOR INFORMATION

NAME: Ramirez, Filadelfo	RELATIONSHIP: 01-Self	EMPLOYER:
ADDRESS: 400 State St.	CITY: PERTH AMBOY	STATE: NJ
SS#:	HOME#: 732-925-9479	ZIP: 08861
		WORK#: 732-992-2000

PRIMARY INSURANCE

PAYER: Aetna		
PAYER ADDRESS: PO BOX 981106	CITY: El Paso	STATE: TX
INSURED'S NAME: Filadelfo Ramirez	DOB: 10/23/70	ZIP: 79998
SS#:	INSURED'S ID#: W090839389	RELATIONSHIP: 18-Self
		GROUP#: 701143


SECONDARY INSURANCE

PAYER:		
PAYER ADDRESS:	CITY:	STATE:
INSURED'S NAME:	DOB:	ZIP:
SS#:	INSURED'S ID#:	RELATIONSHIP:
		GROUP#:

SURGERY

SURGERY DATE/TIME: Monday, Mar 19 2012, 07:00AM	SURGEON: Kaixuan Liu	ANESTHESIA TYPE: General
Dx1: 722.10 LUMBAR DISC DISPLACEMENT	Dx2: 724.4 LUMBOSACRAL NEURITIS UNSP	Dx3:
PROCEDURES (1-3):		
1) TBA transpedicular lumbar discectomy L5-S1 63030 77003		

Referring Physician: _

Patient Signature: 

Date: _____

NEW JERSEY Motor Vehicle Commission **CLASS: D**
AUTO DRIVER LICENSE
 R0355 26400 10702
 DOB: 10-23-1970
 FILADELFO RAMIREZ
 400 STATE ST APT E
 PERTH AMBOY NJ 08861-3490
 ISSUED: 03-25-2011 EXPIRES: 03-31-2015
 ENDOR: RESTRI:
 SEX: M HT: 5-06 EYES: BRN
 ORGAN DONOR: YES CERN: 14.00

Aetna NAP

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A HEALTH PARTNER

COSTCO
WHOLESALE

CHOICE PLUS
AEXCEL COPAY \$5

ID W0908 39389

NAME
01 FILADELFO RAMIREZ

Health Plan (80840) 9140860054

GRP: 701143-014-00804

PCP: Maria S Flores

02 JASMIN RAMIREZ
03 KARINA RAMIREZ
05 ERIC R GERONIMO

SELF INSURED

CHOICE POS II
 PCP \$ 15.00 MO \$ 100.00
 SPC \$ 15.00 ER \$ 50.00

REN-25-1010



Visit us at:
www.njmvc.gov

ENDORSEMENTS: RESTRICTIONS:

Place Change of Address
Sticker Within Bracket Area



00001432001007

www.aetna.com

PAYER NUMBER 60054 0018

Benefits are administered by Aetna Life Insurance Company or affiliates. This card does not guarantee coverage. Contact Member Services for: 24-hour nurse information line; confirm eligibility; benefit coverage; and for precertification.

Failure to precertify may result in a \$200 penalty. Primary care physician election and referral not necessary. RX provided by EvisionRXOptions 1-877-878-6410. Walk-in retail clinic copay: \$10. Care Network (EAP) provided by Unicare 1-877-578-0528.

EMERGENCY: Call 911 or go to nearest emergency facility. Notify Member Services as soon as possible after treatment.

AETNA
PO BOX 14079
LEXINGTON KY 40512-4079

MEMBER SERVICES
PROVIDERS CALL

1-800-814-3543
1-888-632-3862

AT0152

Anesthesia Record

Patient (Last Name, First, M)		Procedure	
Date of Surgery		Pre-Op Diagnosis	
Pre-Anesthesia Evaluation		Post-Op Diagnosis	
Current Medications		Pre-Operative Machine / Equipment Check Completed	
Allergies		ASA	
Previous Surgical History		Airway Access	
Anesthesia History		NPO	
Medical History		Condition of Teeth	
Anesthesia Record		Height	
Date		Weight	
Agents		Temperature	
O ₂ LM		Pulse	
Diprivan MG		Blood Pressure	
Fentanyl MCG		SaO ₂	
Versed MG			
Lidocaine MG			
Zofran			
ESG			
SaO ₂ %			
BP			
Pulse			
Resp			
Vent			
Temp			
Time To Recovery Room		Status	
Post Anesthesia Orders:		BP	
IV Orders		Pulse	
Discharge when criteria are met		Resp.	
Discontinue IV when ambulating		Airway	
Orders		SaO ₂	
Discharge Summary:			
Post Anesthesia Note			
Discussed Anesthetic Plan, Risks & Benefits with Patient, Patient Understands & Accepts, All Questions Answered, Consent Obtained			
Signature		Date	

per bronch
HNSI
SAO2/W
3P 138/80

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Tx - 7pm