

OR Case Request

Call OR Front Desk to schedule cases in the next 24 hours

*Items starred and bold are required information

*Last Name: _____ First Name: _____ MI: _____

*Date of Birth: ____ / ____ / ____ *Circle gender: Male Female *WakeMed Medical Record/Last 4 SSN: _____

*Address: _____ City: _____ State: _____ Zip Code: _____

*Home: _____ Cell: _____ Work: _____ *Circle preferred number

* Yes No Facility (Nursing, rehab, correctional) Facility Name/Phone #: _____

Parent/Guardian Name/Phone #: _____

***PROCEDURE INFORMATION** WakeMed Facility: Raleigh Campus Cary North

*Surgeon(s): _____

*Operative procedure (side/site) to be performed / Sign Consent for: _____

*Requested Schedule Date(s) and Time(s): _____

***CASE CLASSIFICATION:**

Class E (Next Day) Class F (Time Sensitive-within 1 week) Class G (Priority-benign disease-within 4 weeks)

Class H (Priority-cancer patient-within 4 weeks) Class I (Semi-elective-within 8 weeks) Class J (Elective-indefinite)

***PATIENT STATUS: Required for scheduling**

Outpatient Home (patient will not require an overnight stay)

Outpatient in a bed (patient may require an overnight stay)

Observation (Outpatient) (Not allowed for Medicare patients unless condition changes post-surgery)

Inpatient (patient to be admitted post operatively)

*Diagnosis: _____ CPT Code(s): _____ ICD-9/10: _____

*Neuromonitoring Requested: Yes No

*Special implants/equipment/ Vendor requested Vendor notified: Yes No

***ANESTHESIA TYPE REQUESTED:** (check one)

- General MAC (Monitored Anesthesia Care) Spinal Block Choice IV Regional (Bier Block)
- Local (no anesthesia personnel required) IV Moderate Sedation (sedation by procedure staff)

***INSURANCE INFORMATION** Provide a copy (front and back) of the patient's insurance card(s).

Primary Insurance: _____ Policy #: _____ Auth#/Status: _____

Secondary Insurance: _____ Policy #: _____ Auth#/Status: _____

***PRE-ADMISSION TESTING APPOINTMENT / TRIAGE Questionnaire Completed & Scanned into RightFax.**

On Site Visit Appointment Date/Time Requested: _____ Telephone Interview

Yes No The patient is currently taking aspirin

Yes No If yes, can surgery be performed with the patient on aspirin therapy?

The patient is currently taking the following medications? **PLEASE CIRCLE THE MED**
Brilinta (ticagrelor), Coumadin (warfarin), Effient (prasugrel), Eliquis (Apixaban), Plavix (clopidogrel), Pradaxa (dabigatran), Ticlid (ticlopidine), Xarelto (Rivaroxaban)

Yes No If necessary, can surgery be performed with patient on antiplatelet/anticoagulant therapy?

PLEASE CIRCLE IF PATIENT HAS: heart problems, chest pain, history of myocardial infarction, heart stents, congestive heart failure, bypass surgery, irregular heartbeat, aneurysm, or history of stroke

* Yes No Has your office already initiated Cardiac Clearance forms?

Physician Signature: _____ Time: _____ Date: _____

Patient Label
placed here

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