

# Rush University Medical Center - SURGICAL RESERVATION FORM

1653 W. Congress Parkway, Chicago, IL 60612

The following information is REQUIRED. The Reservation Form cannot be processed without this information.

Patient Name: \_\_\_\_\_  
MR# (if available) \_\_\_\_\_  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ Work ph: \_\_\_\_\_  
Home ph: \_\_\_\_\_  
Mobile ph: \_\_\_\_\_

Requested Surgery Date: \_\_\_\_\_ Requested Surgery Time: \_\_\_\_\_ Case Order: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Anticipated LOS: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Surgeon Office Phone: \_\_\_\_\_  
Patient Class:  In-house/ED  Inpatient/Admit after Surgery  Observation  Outpatient

Pre-Op Diagnosis \_\_\_\_\_ Est. length of surgery \_\_\_\_\_  
Add on Case?  Yes  No Add on Date: \_\_\_\_\_ Rescheduled:  Yes  No

Procedure(s): \_\_\_\_\_  
(include code and description) \_\_\_\_\_

LRB (laterality)  Left  Right  Bilateral  N/A Anesthesia Type: \_\_\_\_\_

Additional Procedure \_\_\_\_\_  
Requests (equip, supp, set-up, etc.) \_\_\_\_\_

Admit Bed Pef: \_\_\_\_\_ Weight: \_\_\_\_\_ Isolation status? \_\_\_\_\_

Latex Allergy?  Yes  No Interpreter Needed?  Yes  No Language? \_\_\_\_\_

Were pre-op labs done?  Yes  No If yes, where? \_\_\_\_\_ Ph#: \_\_\_\_\_

Add'l Tests Required?  Yes  No If yes, what? \_\_\_\_\_

Implants needed:  Yes  No Implant System: \_\_\_\_\_

Revision?  Yes  No Vendor Notified?  Yes  No

Primary Insurance\*: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Secondary Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_ Secondary Group #: \_\_\_\_\_  
Auth/Cert #: \_\_\_\_\_ Secondary Auth/Cert #: \_\_\_\_\_  
Devices\*\*: \_\_\_\_\_

\* If Research patient, enter "Research" and complete Research Reservation Form

\*\* Document No Charge Devices or Implants