

# FLORIDA HEALTH CARE PLANS SURGICAL & SPECIAL PROCEDURE FORM

Date: \_\_\_\_\_ Auth #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone/Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Doctor:** \_\_\_\_\_ **Surgeon:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

(Circle One) Urgent Routine  
(Circle One) Inpatient Outpatient Facility: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Request: \_\_\_\_\_

Approved / Disapproved Date: \_\_\_\_\_ By: \_\_\_\_\_ Sch. By: \_\_\_\_\_

**Surgical Procedure:** \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CPT Code:** \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Special Procedure:** \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Special Equipment / Drugs:** \_\_\_\_\_

Comments – (Relating to actual surgery): \_\_\_\_\_

**Anesthesia:** (circle one) - General - MAC - Spinal - Regional Block \_\_\_\_\_ IV Sedation - Local

**PATIENT INFORMATION:** Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  M  F

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Metallic Implants: \_\_\_\_\_

WORK-UP	Scheduled / Initial	Completed / Initial
Pre-op Assessment / Counseling		
Pre-op Joint Class		
H & P with Doctor		
EKG		
Med. / Cardiac Clearance		
Lab Work: CBC		
CMP		
PT/PTT		
Other:		
U/A		
X-Ray		
HMC Pre-Op Consult		
Other Consults		

Date Patient Notified: \_\_\_\_\_ By: \_\_\_\_\_

Consent Signed  Orders Attached

Renotified 2 days prior to procedure by: \_\_\_\_\_

Comments: \_\_\_\_\_

1.  NPO after midnight.
2.  Meds to take (Advise pt. to take heart & BP meds & inhalers.)  
 Meds not to take
3.  Transportation & responsible adult needs to be available.
4.  Length of stay \_\_\_\_\_
5.  No driving for 24 hours.
6.  No personal items or valuables brought to the O.R.
7.  Crutches, walker, need for additional aids pre-arrange.
8.  Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_