SURGERY DEPARTMENT ON-LINE SCHEDULING

Welcome to UCI Health – Placentia Linda centralized on-line surgery scheduling form.
The fields in (*red) are required fields and cannot be left blank. Please complete and then hit submit.

Today's Date:	
*Date of Procedure:	/ / (Format: 00/00/0000)
*Time of Procedure:	☐AM ☐PM

PATIENT INFORMATION	
*Patient's Last Name:	
*Patient's First Name:	Middle Initial:
*Patient's Gender:	☐Male ☐Female
*Patient's Birth Date:	/ / (Format: 00/00/0000)
*Social Security #:	
*Home Telephone #:	( ) -
Cell #:	( ) -
Driver License #:	

SURGERY INFORMATION	
*Surgeon:	
Assistant Surgeon:	
Referring MD:	
*Pre-Op Diagnosis:	
*Procedure Code:	
*Patient's Status:	☐ OP ☐OP EXTENDED ☐AM ☐IP
*RNFA:	☐YES☐NO
*Procedure:	
*Special Equipment/Proctoring/Notes:	
*Anesthesia Type:	☐ GEN ☐ MAC ☐ LOCAL ☐ BLOCK ☐ OTHER ☐IV SEDATION
*Length of Time Needed:	

	PRIMARY INSURANCE INFORMATION	SECONDARY INSURANCE INFORMATION
*Name of Insured:		
Relationship:		
*Relationship DOB:	/ / (Format: 00/00/0000)	/ /
*Health Plan:		
*Type:	☐ HMO ☐ PPO ☐OTHER	☐HMO ☐ PPO ☐ OTHER
Medical Group:		
Policy #:		
Group #:		
Authorization #:		
WORKER'S COMPENSATION INFORMATION (IF APPLICABLE)		

Company Name:	
Company Insurance:	
Adjuster's Name:	**Adj. Phone #: () -**
Claim #:	**Authorization #:**
Date of Injury: / /	
Scheduled With: Diana (block time)	**Scheduled By:** April
Scheduling Office Phone #: ( ) - **Office Email Address:** **Questions? Please call Surgery Scheduling at (714) 961-5935. Thank you!**	