

SURGERY DEPARTMENT SCHEDULING

Welcome to UCI Health – Placentia Linda centralized surgery scheduling form.
The fields in (*red) are required fields and cannot be left blank.

Please complete and email to: UPASCHEDULING@HS.UCI.EDU

Today's Date:			
*Date of Procedure:	/ /	(Format: 00/00/0000)	
*Time of Procedure:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
PATIENT INFORMATION			
*Patient's Last Name:			
*Patient's First Name:		Middle Initial:	
*Patient's Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
*Patient's Birth Date:	/ /	(Format: 00/00/0000)	
*Social Security #:			
*Home Telephone #:			
Cell #:			
Emergency Contact #:			
Name as it appears on Driver License (if applicable):			
SURGERY INFORMATION			
*Surgeon:			
Assistant Surgeon:			
Referring MD:			
*Pre-Op Diagnosis:			
*Procedure Code:			
*Patient's Status:	<input type="checkbox"/> OP <input type="checkbox"/> OP EXTENDED <input type="checkbox"/> AM <input type="checkbox"/> IP		
*RNFA:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
*Procedure:			
*Special Equipment/Proctoring/Notes:			
*Anesthesia Type:	<input type="checkbox"/> GEN <input type="checkbox"/> MAC <input type="checkbox"/> LOCAL <input type="checkbox"/> BLOCK <input type="checkbox"/> IV SEDATION <input type="checkbox"/> OTHER		
*Length of Time Needed:			

PRIMARY INSURANCE INFORMATION		SECONDARY INSURANCE INFORMATION
*Name of Insured:		
Relationship:		
*Relationship DOB:	/ / (Format: 00/00/0000)	/ /
*Health Plan:		
*Type:	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> OTHER	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> 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:		Scheduled By:
Scheduling Office:	Phone # Email:	

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Questions? Call Surgery Scheduling at (714) 961-5935. Thank you!