# 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 #:** | ( ) – |
| **Emergency Contact #:** | |
| **Name as it appears on Driver License (is applicable):** | |

| 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:**<br>**Questions?  Please call Surgery Scheduling at (714) 961-5935.  Thank you!** | |