

**Surgery Booking Sheet***** = Required***Surgery Date: _____ *Time: _____ "TF" ☐

*Physician: _____

*Pt. Type PRIOR to Surgery:

Inpatient

Outpatient

Same Day Admit

C-Sections Only: *Gestational Age: _____ *EDD: _____ *Indications/Complications: _____

*Diagnosis/ ICD 10 Code: _____ Anesthesia Type: _____

*CPT Code(s): _____

*Procedure: _____

Special supplies/instructions: _____

*Legal Last Name:	*First Name:	MI:
*DOB:	*SSN:	Gender: M or F
*Language/Interpretation Needs:		
*Address:		City/State/Zip:
Check Preferred Number <input type="checkbox"/>	Mobile #: <input type="checkbox"/>	Home #: <input type="checkbox"/> Work: <input type="checkbox"/>

Insurance: Yes ☐ No ☐ If No, please schedule patient to be seen in the Eligibility Office Prior to PreOp Appt (432)-221-5257*Prior Auth? Yes ☐ No ☐ Auth Code/ Ref #: _____ Auth Approval Dates: _____

*If Pt is a MINOR, Legal Guardian/Guarantor:

*DOB:

*Primary Insurance	Secondary Insurance
Insurance Co:	Insurance Co:
Policy Holders Name:	Policy Holder:
Relation: DOB:	Relation: DOB:
SSN:	SSN:
Policy #:	Policy #:
Group#/Name:	Group#/Name:

PreAdmission Testing (PAT) needed: YES/NO Preferred PAT Date/Time: _____ Direct Admit: _____

PAT scheduled for: _____ Language Preference and/or special needs: _____

**Preferred Pharmacy: _____

MMH Operating Room (432)221-4902
Fax: (432)221-4207
PAT/Surgical Center (432)221-4065
Fax: (432)221-4067

Endoscopy (432)221-1653
Fax: (432)221-1605
Heart Institute (432)221-4875
Fax: (432)221-4048