THE SURGERY CENTER OF FAIRBANKS
2310 Peger Road Fairbanks, AK 99709 907-458-7263 907-458-7264 Fax

OPERATING ROOM SCHEDULING FORM

Date of Surgery:	Surgical time:	Surgery Duration

Parents/ Guardian Name:		Music Type:
Patient Name:		SS#
Phone:	Work:	Cell:
Sex: ☐ Male ☐ Female	HEIGHT : LBS:	DOB:
Emergency Contact:		
Allergies:		
Surgical procedure:		
Diagnosis:		
CPT:		

Anesthesia type:

General	Local/ Sedation	Regional	Spinal	MAC	Other

Special Equipment/ request:

Position:	C-Arm:
Allograft:	Implants:
Crutches:	Other:

Workmans Comp:	
Insurance Primary:	Address:
Pre-cert:	Phone Number:
Insurance Secondary:	Address:
Pre-cert:	Phone Number:

Dr. Office:		
Office Scheduler:	Phone:	Fax:
Surgeon:	Assistant:	

*** Please have patients or your office bring over any immobilizers or braces needed for there surgery***