

OOS Sticker

Surgery Scheduling Form-COLORECTAL

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PATIENT INFORMATION					
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SCHEDULING INFORMATION		CONSENT			
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	☐ SDA ☐ INPATIENT-RM#				
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NEURO MONITORING		Patient Needs Bariatric Bed Pat			
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ANESTHESIA REQUEST					
☐ General ☐ MAC ☐ Epi	idural/Spinal 🔲 Block	🗆 Local 🗆 Epid	ural–for Post-op Pain		
i e	althy Track Incomplete		· ·		
Other Appointments:		HOSC PAT:			
PROCEDURE/CPT CODES (for more	than one please indicate desired sequ	ience)			
DIAGNOSIS:	DIAGNOSIS:				
PROCEDURE: CASE LENGTH:					
Left Right Bilateral Posterior Anterior Position:					
Left Right Bilateral		CASE LENGT	TH:		
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СРТ	Posterior Anterior Position:	ICD9			
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CPT ABDOMINAL-PERINEAL RESECTION	Posterior Anterior Position: BOTOX 46505: Botox injection BOWEL RESECTION LOW ANTERIOR	ICD9 44141: Colectomy partial w/colostomy	COLON SIGMOID RESECTION		
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Surgery Scheduling Form-COLORECTAL

Last Name:		First Name:		
CPT (continued)				
HEMORRHOIDECTOMY 46250: Hemorroidectomy external 46250: Hemorroidectomy simple 46260: Hemorroidectomy, complex (int&ext) HEMORRHOIDOPEXY PPH STAPLED 46947: Hemorrhoidopexy by stapling 44157: Colectomy, tot ABD, w/proctectomy, w/ileoanal anastamosis 44158: Colectomy, tot ABD, w/proctectomy, w/ileoanal anastamosis & rectal muscosectomy ILEAL POUCH ANAL ANASTOMOSIS LAPAROSCOPI 44208: Lap colectomy (part) w/anastomosis, w/coloproctostomy ILEAL POUCH ANAL ANASTOMOSIS REVISION 44211: Lap IPAA ILEOCOLECTOMY 44160: Ileocolectomy R hemi colectomy ILEOCOLECTOMY LAPAROSCOPIC 44205: Lap colectomy (part) w/removal ileum w/ileocolostomy	A4310: Ileostomy or jejunostomy	PROCTECTOMY MUCOSAL 45113: Protectomy partial/IPAA PROCTOCOLECTOMY TOTAL WITH ILEOSTOMY 44155: Colectomy tot ABD w/proctectomy, w/ ileostomy RECTAL BIOPSY 45100: Biopsy anorectal wall RECTAL EXAM UNDER ANESTHESIA 45990: Anal rectal exam w/anesthesia RECTOPEXY ABDOMINAL 45400: Lap rectopexy RECTOPEXY ABDOMINAL WITH RESECTION 45550: Proctopexy w/sigmoid resection SETON PLACEMENT 46020: Seton placement SOFT TISSUE EXCISION 21556: Exc soft tissu tumor 27329: Rad resc soft tissu tum neck 21930: Exc soft tissu tum neck 21931: Rad resc soft tissu back/flank tum 21935: Rad resc soft tissu back/flank tum	23075: Exc subcut shoulder tumor 27049: Rad resc soft tissu pelvis/hip SPHINCTEROTOMY ANAL 46080: Sphincterotomy STOMA REVISION (COMPLEX) 44313: Stoma rev complicated, ileostomy 44345: Stoma rev complicated, colostomy STOMA REVISION (SIMPLE) 44312: Stoma simple revision, ileostomy 44340: Stoma simple revision, colostomy STRICTUROPLASTY 44615: Intestinal stricturoplasty w/dilation 45905: Dilation of anal sphincter w/anesthesia 45910: Dilation of rectal sphincter w/anesthesia TRANSANAL FLAP REPAIR OF ANAL FISTULA 46288: Closure anal fistula w/rectal flap TRANSANAL RESECTION OF RECTAL TUMOR 45170: Transanal resection rectal tumor 45171: Excision transanal rectal tumor (full thickness)	
OTHER CPT:				
C-ARM				
Laser: CO2 KTP Holmi	ium Cell Saver: 🗌 Yes 🔲 No	Units of Blood:	Auto: Yes No	
Special Needs				
(Devices/Implants)		Outside Equip:		
X-rays: Surgeon will bring	Pt. will bring Obtain hard cop	pies 40" monitor req		
CLINICAL INFORMATION				
	Latex Precaution: Yes No		JC	
Patient Weight:	Social Services Consult: \(\simeg\)	Yes No Pacemaker		
SPECIAL CARE NOTES				
☐ Bookwalter 718	Endo Lap equipment 579	Ligasure 761	☐ Maquet table 533	
Regular OR Table	Allen Stirrups	Yellow Fin Stirrups	Candy Cane Stirrups	
REFERENCE FOR HMC HEALTHY				
		or more of the following questions then the patier	nt should be scheduled for Pre-Anesthesia Visit	
1. Does the preoperative history and physical examination still need to be completed?2. Age-is the patient more than 50 years old?				
Medications-Does the patient take thr				
4. Has the patient or any close relative had any complication from anesthesia or surgery?				
5. Does the patient get short of breath when walking up a flight of stairs, or get short of breath or turn blue when lying flat?				
6. Is the patient obese (estimate weight is 1/3 greater than their expected ideal body weight)?				
7. Does the patient have any behavioral disorders or other needs that would require special planning during their hospital care?				
8. Does the patient have a history of dial	betes, stroke, facial or airway abnormalities	s, or heart, lung, liver, or kidney disease?		
INCLIDANCE INCORMATION				
INSURANCE INFORMATION Pre-Authorization Required ☐ Yes	□ No PCP:		_ Price Quote Request _	
· ·		C		
Consult and Treat Yes No	Expiration Date:			
FOR INTERNAL HEE ONLY				
FOR INTERNAL USE ONLY				
Scheduled and Faxed by:		HOSC CHART	#:	

881-103 REV. 1/17 COLORECTAL Adm Fax: 531-0326 Adm Phone: 531-7153 OR Fax: 531-8959 HOSC Fax: 520-8201 Price Quotes: 531-0295