



Sutter Medical Center,
Sacramento

A Sutter Health Affiliate

Date: _____
Office Location: _____
Office Fax #: _____
Office Phone: _____
Language: _____

Surgery Scheduling Database

Scheduling Office - SGH: (916) 733-8612, SMH: (916)733-1052, or Capitol Pavilion: (916) 262-9485
Scheduling Office Fax - SGH: (916) 503-7667, SMH: (916) 503-7668, or Capitol Pavilion: (916) 503-7680

SUTTER MEMORIAL / GENERAL or CAPITOL PAVILION (CIRCLE ONE)

SURGERY DATE: _____ **START TIME:** _____
SURGEON: _____ **ASSIST:** _____
PCP : _____ **ADMIT TYPE:** AM IP DAY BEFORE OP
PROCEDURE : _____
ESTIMATED TIME NEEDED FOR CASE: _____ **ANESTHESIA TYPE:** _____
DIAGNOSIS: _____
ICD-9CODE: _____ **CPTCODE:** _____
SPECIAL NEEDS (equipment/supplies/etc.): _____

COMMENTS (Case Reps, etc.): _____
DIAGNOSTIC IMAGING FILMS (to be in the surgical suite): _____
REPORTS (laboratory, pathology): _____

PATIENT INFORMATION

NAME: FIRST _____ **MI** _____ **LAST** _____
SSN: _____ MALE FEMALE BORN AT SUTTER MEMORIAL YES NO
DOB: _____ **MOTHER'S NAME AT TIME OF DELIVERY:** _____
PREVIOUS NAME (if different from above): _____
ADDRESS: _____
HOME PHONE: _____ **WORK PHONE:** _____
CELLULAR PHONE: _____ **OTHER:** _____

INSURANCE INFORMATION

PRIMARY INSURANCE CARRIER: _____
ID#: _____ **AUTHORIZATION*:** _____
CARD HOLDER: _____ **DOB:** _____
PHONE: _____
SECOND INSURANCE: _____
ID#: _____ **AUTHORIZATION #:** _____
CARD HOLDER: _____ **DOB:** _____
PHONE: _____
NOTES: _____

*******SGH / SMH USE ONLY*******

DATE POSTED: _____ **BOOK#:** _____ **INITIALS:** _____