Saint Alphonsus
A Member of Trinity Health

SURGERY SCHEDULING – BOOKING REQUEST FORM

Phone: (208) 367-3655; or toll-free (844) 799-3199
Fax: (208) 367-3646; or toll-free (844) 799-3200

- **Bolded and shaded** areas indicate data elements required when scheduling a surgical or endoscopic procedure.
- Scheduling of procedure cannot be initiated without this basic information.

Surgical Location/ Area	☐ BOISE ○ Main ○ CVOR ○ Day Surgery ○ Endoscopy	☐ NAMPA ○ Main ○ Surgery Center ○ Endoscopy	☐ ONTARIO ○ Main ○ Endoscopy

Attach/Send Demographics Form	○ Yes	
Attach/Send Referral Form (PCP to Specialist Insurance referral on required insurances)	○ Yes	○ No
Office Scheduler Name:	Ph:	Fax:

Or place patient sticker here

PATIENT INFORMATION

Last Name		**Gender**	○ Male ○ Female	**MRSA Hx**	○ Yes ○ No	○ Active
				Latex Alx	○ Yes ○ No	
First Name		**DOB** mm-dd-yyyy		**Interpreter Svcs**	○ Yes ○ No	
					Language:	

PROCEDURE INFORMATION

Patient Type *Must check one*	☐ Outpatient ☐ Outpatient with 23 hour observation ☐ Inpatient/to be admitted		
Surgery Date/Time Request			
Pre Surgical Screening	☐ **Phone Call** (usually 2-3 days prior to procedure date) ☐ **On Site PSS Visit** (w/in 7 days of procedure date, includes diagnostic orders) ☐ **NP Visit** (Boise only) } **Must check one**	**Preferred dates/times:**	
Primary Surgeon		**Assistant Surgeon**	☐ request 2nd Scrub
Diagnosis		*ICD-10 Code*	
Procedure		*CPT Code(s)*	
Modifier (if applicable)	☐ Left ☐ Right ☐ Bilateral		
Estimated Duration (min)	(skin to skin)		
Anesthesia Type	☐ General ☐ Choice ☐ MAC ☐ Spinal ☐ Epidural ☐ Block:		

PROCEDURE PLAN

Special Requests	☐ Wound Vac ☐ Mesh ☐ Other ☐ Specialty Trays/Implants: ☐ Custom order/Special order implants ☐ Vendor notified ☐ OR notified ☐ N/A
ICU bed anticipated	○ Yes ○ No
Frozen Section	○ Yes ○ No
Does patient require COVID testing?	○ Yes ○ No **Other**

Confirmation (completed by surgery scheduler)

	Date:	Time:	Case #:	Scheduled By:
Surgical Procedure				Date:
Pre Surgical Screening				

***Pre Surgical Screening (PSS) appointment to be communicated to patient by surgeon office*