

Greater New Orleans Surgery Center

3434 Houma Blvd Ste 300 • Metairie, LA 70006

phone (504) 454-2017 • fax (504) 454-2142

SCHEDULING INFO

Patient Name _____

Surgery Date _____ Surgery Time _____ Duration _____

Surgeon **Jansen / Owens** Scheduler's Name _____ Telephone # **504-455-1000**

Anesthesia General MAC Epidural Bier Block Other _____

Diagnosis _____ ICD-9 code _____

_____ ICD-9 code _____

Procedure _____ CPT code _____

_____ CPT code _____

_____ CPT code _____

Special Equipment THEM Video C-Arm Other _____

Implants _____

Specify what implants

who requested them

rep/company

Pre op Info Patient was sent for the following tests _____

Patient needs to be evaluated in person by Anesthesia

Patient was sent for medical clearance to Dr _____ he is her PCP or _____

suggested the following pre op tests from above doctor _____

Patient Information (can fax over your registration forms)

Address _____
street address city state zip

Telephone # _____ Sex Male Female
Home Work Cell

Social Security # _____ Date of Birth _____

Employer _____ Telephone # _____

Plastic Surgery (payment expected from Doctor)

Amount Quoted Facility \$ _____ Anesthesia \$ _____

Insurance (please include copy of cards)

Primary _____ Telephone # _____

Policyholder _____ Relationship _____

Policy # _____ Group # _____

Thank you for scheduling with us!