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 **Arora** Scheduler's Name _____ Telephone # _____

Anesthesia ❒ General ❒ MAC ❒ Epidural ❒ Bier Block ❒ Inter Scalene Block ❒ Other _____

Diagnosis _____ ICD-9 code _____

_____ ICD-9 code _____

Procedure _____ CPT code _____

_____ CPT code _____

Special Equipment: ❒ Cryo ❒ Indirect Laser ❒ Endo Laser ❒ Gas ❒ (Circle one) Brilliant Blue / ICG

❒ Other _____

❒ Lenses _____
Anterior A-Constant Power

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 _____ MD is 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 # _____

If this is a workers comp case? Date of Injury _____ Claim # _____

Carrier _____ Carrier phone # _____

Insurance (please include copy of cards)

Primary _____ Telephone # _____

Policyholder _____ Relationship _____

Policy # _____ Group # _____

Secondary _____ Telephone # _____

Policyholder _____ Relationship _____

Policy # _____ Group # _____

Thank you for scheduling with us!