

ORH Oakland Regional Hospital 248.423.5159 FAX 248.423.5155

ORMC Oakland Regional Macomb Center 248.423.5159 FAX 248.423.5155
ADMISSIONS 248.423.5106 FAX 248.423.5195

SURGICAL BOARDING AND ADMISSION INFORMATION (Revision 09/08)

DOCTOR: _____ OFFICE LOCATION: _____ OFFICE CONTACT: _____ CONTACT NUMBER: _____	REQUESTED DATE OF SURGERY: _____ LENGTH OF PROCEDURE: _____ NAME: _____ SOCIAL SECURITY #: _____ DOB: _____ AGE: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE HOME PHONE: _____ ALTERNATE PHONE: _____ ADDRESS: _____ _____
ALLERGIES:	
<input type="checkbox"/> OUTPATIENT <input type="checkbox"/> ADMISSION <input type="checkbox"/> POSSIBLE OBSERVATION ADMISSION REQUESTS <i>MUST</i> BE INCLUDED IN THE AUTHORIZATIONS SURGERY REQUIREMENT ≥ 13 YEARS OLD AND ≥ 90 LBS ADMISSION REQUIREMENT > 17 YEARS OLD <input type="checkbox"/> THIS PATIENT RESIDES IN A SKILLED NURSING FACILITY	

ANESTHESIA: GENERAL LOCAL/GENERAL LOCAL BLOCK CHOICE

DIAGNOSIS:

PROCEDURE:
DESCRIPTION

INSURANCE INFORMATION:

FAXED COPIES OF AUTHORIZATIONS, INSURANCE AND ID CARDS (MUST BE SUBMITTED 2 DAYS PRIOR TO SURGERY)

INS CARRIER: _____ EFFECTIVE DATE: _____ GROUP #: _____
INS CONTACT: _____ CONTACT #: _____

SPECIAL EQUIPMENT:

SPECIAL EQUIPMENT

[Type text]