GRAND VIEW HOSPITAL

SHORT PROCEDURE UNIT RESERVATION FORM -NON SURGICAL PROCEDURES

Appt Date: _____
Time: _____

To Schedule fax form to 215-453-4436. For information call 215-453-4269.

Ordering Physician's Signature/Name: _____

CC Physician: _____

1 DEMOGRAPHICS

Last Name: _____ First Name: _____ M.I.: _____

DOB: _____ Age: _____ ❑ Male ❑ Female SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Preference 1: _____ Phone Preference 2: _____ Phone Preference 3: _____

Other Contact: _____ Relationship: _____ Phone: _____

If Child, Mother's Name: _____ DOB: _____ Phone: _____

If Child, Father's Name: _____ DOB: _____ Phone: _____

Patient has POA - Name: _____ POA Relationship: _____ Phone: _____

2 REGISTRATION INFORMATION

Classification

Diagnosis: _____ Diagnosis Code: _____

_____ _____

Attending Physician (s): _____ Family Physician: _____ Referring Physician: _____

3 INSURANCE INFORMATION

Precert# Approved LOS:

Insurer	Group#	ID#	Subscriber Name	Subscriber Employer
Primary Name				
Secondary Insurer				

4 SPECIAL NEEDS

Check if appropriate:

❑ Interpreter Needed - Language: _____

❑ Physically challenged ❑ Mentally challenged

❑ MRSA ❑ POA

5 LABS ON ADMIT / OTHER

_____

_____

_____

PLEASE INDICATE STENT OR PEG TYPE AND SIZE FOR ALL ERCP OR PEG TUBES

6

	Infusion center - see attached orders
	Lumbar puncture
	Thoracentesis
	Paracentesis

Other

Anesthesia type - please complete for all GI and Pulmonary Proceedures									
	TIVA		Conscious Sedation		Local		None		General

	GI Procedures
	EGD w/
	Colonoscopy w/
	ERCP w/
	PEG Tube Insertion
	PEG Tube Change
	Sigmoidoscopy

	Pulmonary Procedures
	Bronchoscopy w/
	Bronchoscopy with flouro w/