

LLUMC Inpatient OR Elective Reservation (Call OR for Emergency)

Fax this form to 22274 or 558-2274

Information must be faxed by 12 noon, to be included in the schedule for the next day (by noon on Friday for Monday)

**COVER SHEET
TO OR SCHEDULERS**

Total # of pages _____

Date of Surgery: _____

From: _____

Pager #: _____

#1

SURGEON _____

Case Order # _____

Assistant _____

Time Surgeon Available _____

BIRTHDATE _____ - _____ - _____

PATIENT _____
Last First

F M

Med Record # _____

Patient. Room # _____

DIAGNOSIS _____

Estimated Time in Hours _____

PROCEDURE

LLUMC LLUMC EC
IN IN
AM AM
OP OP
OSC
AM OP

SPECIAL EQUIPMENT/IMPLANT/INSTS/SUPPLIES

NONE

ANESTHESIA
GENERAL
STANDBY
REGIONAL

Implant _____

Laser Type: _____ Fluoro/ C-Arm _____

Other _____ Microscope _____ Units of Blood _____ O.R. # _____

#2

SURGEON _____

Case Order # _____

Assistant _____

Time Surgeon Available _____

BIRTHDATE _____ - _____ - _____

PATIENT _____
Last First

F M

Med Record # _____

Patient. Room # _____

DIAGNOSIS _____

Estimated Time in Hours _____

PROCEDURE

LLUMC LLUMC EC
IN IN
AM AM
OP OP
OSC
AM OP

SPECIAL EQUIPMENT/IMPLANT/INSTS/SUPPLIES

ANESTHESIA

NONE

GENERAL

STANDBY

REGIONAL

Implant _____

Laser Type: _____ Fluoro/ C-Arm _____

Other _____ Microscope _____ Units of Blood _____ O.R. # _____