

TODAY's DATE: _____

Patient Information (Required for Scheduling)

Patient Name: _____ DOB: _____ Sex: M F SS#: _____ - _____ - _____
Last, First Name

Patient's Address: _____ Street _____ City _____ State _____ Zip Code _____

Home Phone#: _____ Mobile Phone #: _____ Email Address: _____

Primary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

If Commercial or Workers Comp, provide address: _____

Secondary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

If Commercial or Workers Comp, provide address: _____

Order Information - Surgery

Location: N. Decatur _____ Hillandale _____ SIS Confirmation #: _____

Date of Procedure: _____ Time: _____ Length: _____ Nuclear Med prior to surgery/time: _____

Needle Localization prior to sx/time: _____

Do you have other cases scheduled on this day? YES NO

If Yes, do you wish to change schedule order? YES NO

If Yes, please list patients by name in order: _____

Surgeon: _____ Proctor: _____ Assistant: _____

Procedure: _____

CPT Codes: _____

Case Comments/Equipment: _____

Implants needed: _____

Vendor Name: _____ Vendor contacted (D/T): _____

Diagnosis: _____

ICD CM Codes: _____

Anesthesia Type: General MAC Local Spinal

NERVE BLOCKS: Surgical Post op pain control Axillary Interscalene

Adductor canal Popliteal TAP PEC Other: _____

Type of Admission: Inpatient (Medicare IP only) Inpatient (w/PreCert) Outpatient

Person Requesting Scheduling: _____ Date Faxed: _____

Confirmation Date: _____ Pre-Screen Appointment: _____

If Ophthalmology Patient: Diabetic: Yes No Natural Lens: Yes No

Referring Physician Information

Physician Name (first & last): _____ NPI#: _____ GA License#: _____

Physician Address: _____ Phone#: _____ Fax #: _____

I hereby certify that the services in the above order form are medically necessary.

Physician Signature: _____ Date: _____ Time: _____



DeKalb Medical

FAX Orders to: 404.501.1874
Phone: 404.501.5590
Ext 1 - Surgeons only, Ext 2 - Scheduling



P S - 1 0 5 9

**SURGERY
ORDER FORM**

DMC FORM # PS-1059 (03/27/17)