Hilo Medical Center
We Care for Our Community

SCHEDULING REQUISITION

SCHEDULING DESK
974-7062
974-7043

FAX
974-7060

PATIENT INFORMATION

Last Name:	First Name:	MI.

DOB: / /	**PHONE #** - -	☑ **FEMALE** ☐ **MALE**

INSURANCE INFORMATION

☐ ALOHA CARE
☐ HMA
☐ HMSA ☐ PPO ☐ HPH
☐ 65C+ ☐ QUEST
☐ KAISER
☐ MEDICAID ☐ OHANA ☐ EVERCARE
☐ MEDICARE

☐ VETERAN'S ADMIN. AUTH. #
☐ WORKMAN'S COMP.
☐ OTHER:

AUTHORIZATION #
☐ AUTHORIZATION NOT REQUIRED
STATUS OF AUTHORIZATION CONFIRMED BY:

INSURANCE REPRESENTATIVE DATE TIME

DIAGNOSIS

	ICD 9 Code
DIAGNOSIS:	
SEC. DIAGNOSIS:	

PROCEDURE

	TIME REQUIRED	CPT-4 Code

ALL PATIENT INFORMATION ABOVE THIS LINE IS REQUIRED IN ORDER TO SCHEDULE A PROCEDURE

ANESTHESIA

☐ **GENERAL** ☐ **MAC** ☐ **LOCAL** ☐ **SPINAL** ☐ **EPIDURAL** ☐ **OTHER:**

BOOKING INFORMATION

DATE: / /	**TIME:**	**TYPE OF ADMISSION** ☐ AM ☐ ASU ☐ IP ☐ SNF

SURGEON:	
ASSISTANT:	
PEDIATRICIAN:	

POSITIONING

☐ **SUPINE** ☐ **PRONE** ☐ **LATERAL** ☐ **RT↓** ☐ **LT↓** ☐ **LITHOTOMY** ☐ **OTHER:**

SPECIAL REQUESTS/ COMMENTS

PREOP TESTS: ☐ PT/PTT ☐ CBC ☐ Chem7 ☐ UA ☐ EKG ☐ CXR ☐ T/S ☐ UHCG (Preg) ☐ Pathology