OREGON SPECIALISTS
SURGERY CENTER

2785 River Road S, Salem, OR 97302
Phone: (971) 301-8500 | Fax: (971) 301-8501

Oregon Specialists Surgery Center Scheduling Ticket

Today's Date:_ ___________________________________

Physician:_______________________________________ Scheduler:____

Patient Name:____

DOB: (month/day/year):_____________________________ Gender: ☐ Male ☐ Female

Primary Phone #:___________________________________ ☐ cell ☐ home ☐ work

Secondary Telephone #:_____________________________ ☐ cell ☐ home ☐ work

Proposed Surgical Date/Time:_________________________ Estimated Length:________________________________

Procedure to be performed:____

____

Anesthesia Type: ☐ Local ☐ Block ☐ Conscious Sedation ☐ MAC ☐ General

Imaging:____ Implants Requested:_______________________________

Rep Name:_______________________________________ Rep Phone #:_____________________________________

Special Requests/Notes:____

Procedure CPT Code/Diagnosis Code/Description:

No.	CPT Code	Diagnosis Code	Description
1			
2			
3			
4			

Authorization Number if required for procedure:____

***Note:** Include copies of primary and secondary insurance card front and back and patient demographics sheet. Please fax separately the history and physical dated within 30 days.

If case is being billed to Worker's Comp or other source, include all benefits information below:

Adjustor Name/Telephone #:____

Comp Carrier Name/Policy #/Group #:____

Date of injury:____

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Surgery Orders

Today's Date:	Time:	Date of surgery:
Patient Name:		DOB:
Allergies:		
Admitting Diagnosis:		
Scheduled Procedure:		

Pre-Operative Orders

☐ Nose to Toes Protocol in Prep
☐ IV per Anesthesia
☐ NPO Except for Medications
☐ Other:_______________________________

DVT Prophylaxis

☐ Apply Sequential Compression Device (SCD)

Genitourinary

☐ Void On-Call to OR
☐ Foley Catheter inserted in OR

Antibiotics (Single Response)

☐ Cefazolin (ANCEF) piggyback, intravenous, ONCE per weight-based dosing protocol*
☐ Clindamycin (CLEOCIN) 900mg in NS piggyback, intravenous, ONCE per weight-based dosing protocol**
☐ Other:____

Intra-Op Medications

☐ Bacitracin 50,000 units for irrigation
☐ Depo-Medrol
☐ Betadine paint
☐ Other:_______________________________

Post-Op Orders

☐ Ice Pack to Surgical Site PRN to Decrease Pain
☐ Discontinue IV when Patient is Tolerating PO Fluids
☐ Incentive Spirometer plus teaching
☐ Other:______________________________________
☐ Ondansetron 4mg IV PRN up to 2 Doses to treat nausea
☐ Oxycodone 5mg PO q 1 hour for up to 3 Doses
☐ Discharge patient to responsible adult when discharge criteria are met

Positioning

Laterally	Position	Position Equipment	Equipment	Other Needs
☐ N/A	☐ Supine	☐ Horseshoe	☐ C-Arm	☐ ________________
☐ Left	☐ Lateral	☐ Pinnions	☐ C-Arm x2	☐ ________________
☐ Right	☐ Prone	☐ Wilson Frame	☐ Microscope	☐ ________________
☐ Bilateral	☐ Sitting			☐ ________________

Physician Signature:____

(Valid only when signed by physician)

*Ancef: 2g for anyone <120kg, 3g > 120kg *Clindamycin: 900mg for everyone *Vancomycin: 15mg/kg