



# SEVEN HILLS

SURGERY CENTER

876 SEVEN HILLS DR. HENDERSON, NV 89052

TEL 702-914-2028 FAX 702-914-6290

SCHEDULING LINE 914-6830

www.sevenhillsssc.com

## SURGERY ORDERS FROM PHYSICIAN OFFICE

PATIENT NAME: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DIAGNOSIS: /ICD9 \_\_\_\_\_  
/ICD9 \_\_\_\_\_  
/ICD9 \_\_\_\_\_

SCHEDULED PROCEDURES DESCRIPTIONS: (CPT) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SURGERY / PROCEDURE SCHEDULED FOR (DATE) \_\_\_\_\_ AT (TIME) \_\_\_\_\_

AUTHORIZATION NUMBERS: 1<sup>ST</sup> INS: \_\_\_\_\_ 2<sup>ND</sup> INS: \_\_\_\_\_

### THE PATIENT HAS BEEN INSTRUCTED:

( ) NOT TO EAT OR DRINK THE NIGHT BEFORE SURGERY AFTER \_\_\_\_\_

( ) PRE-ADMISSION TESTING AND PRE-REGISTRATION IS TO BE DONE

### LABORATORY TESTS REQUIRED:

( ) HGB & HCT	( ) PTT	( ) EKG
( ) CBC	( ) PT	
( ) CHEM PANEL	( ) SERUM PREGNANCY	( ) CHEST XRAY
( ) UA	( ) LIPID PANEL	( ) OTHER
( ) HIV SCREEN	( ) THYROID PANEL	_____
( ) HEPATITIS SCREEN	( ) LIVER PANEL	_____
( ) HEPATITIS PANEL 365	( ) ELECTROLYTES	_____

**PLEASE SEND RESULTS TO SEVEN HILLS SURGERY CENTER AS WELL AS THE PHYSICIAN 914-6290**

ADDITIONAL COMMENTS/ORDERS \_\_\_\_\_

PHYSICIAN NAME (PRINT) \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_