



St. Vincent's  
Comprehensive  
Cancer Center

Ambulatory Surgery Unit  
325 West 15<sup>th</sup> Street, New York, NY 10011  
Tel. No. (212) 604-6070

|                                   |
|-----------------------------------|
| Medical Record #: _____           |
| Patient's Name: _____             |
| SS#: _____                        |
| DOB _____ Age _____               |
| Doctor(s) _____                   |
| _____                             |
| Patient's Sticker / Addressograph |

### Surgical Booking Form

**Procedure** \_\_\_\_\_ **CPT-Code** \_\_\_\_\_

**Date of Surgery** \_\_\_\_\_ **Time of Surgery** \_\_\_\_\_

**Length of case** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_ **ICD-9 Code** \_\_\_\_\_

**Anesthesia**     GEN     MAC     LOCAL     OTHER \_\_\_\_\_

#### PRE-OPERATIVE PROCEDURE

Needle Localization \_\_\_\_\_  Sonogram     Mammogram  
     Date / Time \_\_\_\_\_  SVCCC     Outside Facility

SLNBx (Nuclear Medicine) \_\_\_\_\_ Date / Time \_\_\_\_\_

#### PRE-SURGICAL TESTING:

SVCCC     Outside Facility \_\_\_\_\_

Chest X-ray     Basic Metabolic     Medical Clearance

ECG     PT / PTT     Others \_\_\_\_\_

CBC     Liver Profile \_\_\_\_\_

Urinalysis     Blood Type & Screen \_\_\_\_\_

Labs received on \_\_\_\_\_ Faxed / Sent to ASU  Yes  No  
     Received By: \_\_\_\_\_

#### PATIENT ADDRESS: \_\_\_\_\_

Telephone:    Home: \_\_\_\_\_    Work: \_\_\_\_\_

                  Cellular: \_\_\_\_\_    Fax: \_\_\_\_\_

                  Others: \_\_\_\_\_    Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_    Policy Number: \_\_\_\_\_

Pre-certification Number: \_\_\_\_\_    Pre-certified on \_\_\_\_\_

#### FOR CLINIC / DOCTOR OFFICES ONLY

Pre-operative Instructions given to the patient

Booking form faxed to ASU by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Patient Health Survey / Surgical Consent given to or faxed to: \_\_\_\_\_

|                       |
|-----------------------|
| Post-op Appointment   |
| Date _____ Time _____ |

|                          |                               |
|--------------------------|-------------------------------|
| <b>Special Notation:</b> | <b>ASU CASE NO:</b><br>_____  |
|                          | <b>C-ARM BOOKED:</b><br>_____ |