



**PHYSICAN ORDER SHEET FOR SCHEDULING SURGERY**

**JFK Main Campus**

**JFK North Campus**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone # \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_ SS#: \_\_\_\_\_ Authorization# \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Procedure/Surgery \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Company/Equipment: \_\_\_\_\_

Date of Surgery: \_\_\_/\_\_\_/\_\_\_\_\_ Type of Anesthesia: \_\_\_\_\_

Time of Surgery: \_\_\_\_\_ Procedure/CPT Code(s): \_\_\_\_\_

\_\_\_ Admit to Outpatient \_\_\_\_\_

\_\_\_ Admit to In-patient \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Fax # \_\_\_\_\_

**Cases Scheduled by phone:**

- 1. Call 561-548-3641 to schedule case with above information

**Cases Scheduled by fax:**

- 1. Fax this completed form to 561-548-3773

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**NOTE: All Pre-Operative orders and pertinent documents are to be fax to  
561-548-3527- JFK Main Campus  
OR  
561-881-4375 JFK North Campus**

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