

Physician Booking Sheet for Scheduling Interventional Radiology

Date booked _____ Time _____ Length of procedure _____

Patient name _____ Sex (M/F) _____ Phone # _____

Cell # _____ Email _____

DOB ____/____/____ SS# (last 4) _____ Authorization # _____

Insurance _____ Insurance Plan Description _____

Policy Number _____

Procedure/Surgery with laterality if applicable: _____

Diagnosis & Code: _____

Special Needs _____

Company/Equipment _____

Date of surgery ____/____/____ Type of Anesthesia _____

Time of surgery _____ Procedure/CPT Code(s) _____

____ Admit to Outpatient

____ Admit to In-patient

Ordering Physician name _____ Ordering Physician Fax _____

Ordering Physician signature & NPI #: _____

Scheduler's Email _____

Cases Scheduled by PHONE:

Call: **561.863.3857**

Cases Scheduled by FAX - (Complete this Form):

Fax: **561.473.7698**

ALL Pre-Operative Orders, including pertinent documents:

Fax: **561.473.7698**

Please ensure form is completely & fully filled out otherwise we will not be able to schedule surgery & we will have to call you to complete.

Not Part of the Legal Health Record



HCA Florida JFK North Hospital, West Palm, FL 33407

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Patient Identification/Label