



SURGICAL SERVICES BOARDING FORM
Please fax to: (248) 338 - 5182

To better serve our patients and physicians, please complete this form in its entirety. Procedure dates and times are not set until confirmed by Surgical Boarding. A confirmation will be sent within 24 hours.
Print legibly to avoid delays. Surgical Boarding Direct Phone (248) 338-5104 ▪ Fax (248) 338-5182

Surgeon: _____ Requested Procedure Date: _____

Patient Name: _____ D.O.B.: ____/____/____ Sex: M F

Home # [_____] _____ Mobile # [_____] _____

Emergency Contact: _____ Phone #: [_____] _____

Requested Start Time: _____ Procedure Length of Time: _____

Surgical Procedure: _____

Latex Allergy: Yes No Unknown Admission Category: Inpatient Outpatient

Special Needs: [Equipment, Implants, SSEP, Cell Saver, C-Arm, Other]

Office to contact representative/company? Yes No If yes, list name and reason for contact:

Diagnosis: _____

_____ CPT Code: _____

Primary Insurance: _____ Secondary Insurance: _____

Surgeon's Office Contact: _____

Surgeon's Office Phone #: [_____] _____ Fax #[_____] _____

Pertinent Information: _____

O.R. Scheduled & Confirmed Procedure Date Confirmed via: Phone Fax

Confirmed By: _____ Date/Time: _____