

SILICON VALLEY SURGERY CENTER, L.P., 14601 S Bascom Ave, Ste 100, Los Gatos, CA 95032 (408) 402-0663 FAX (408) 402-7055

SVSCLP, dba/BASCOM SURGERY CENTER, 3803 S Bascom Ave, Ste 106, Campbell, CA 95008 (408) 369-9535 FAX (408) 402-7055

Business Office 3190 S. Bascom Avenue, Suite 140, San Jose CA 95124 ♦ (408) 879-1820 ♦ FAX (408) 402-0763

**SILICON VALLEY SURGERY CENTER
BASCOM SURGERY CENTER**

SURGERY SCHEDULING FORM

Scheduling: (650) 289-1653 FAX (408) 519-6480

Date: _____
Time: _____
AnesType: _____
OR Time: _____
Surgeon: _____
Assistant: _____
<input type="checkbox"/> Diabetic <input type="checkbox"/> Weight > 300 lbs. _____
PRE-OP TESTS: <input type="checkbox"/> None <input type="checkbox"/> EKG
<input type="checkbox"/> Labs: _____

Patient: _____ Last, First, Middle Initial	Primary Language _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	S.S.# _____	Martial Status: M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
Address _____		
City/State/Zip _____	Home Phone: _____	
Employer: _____	Work Phone: _____	
Address: _____	Cell Phone: _____	
Procedure: _____		
Include CPT _____		
Diagnosis _____		
Include ICD9 _____		

Insurance Information – Primary (if other than patient)	
SUBSCRIBER _____	Relationship: _____
Address _____	
Phone (if different) _____	DOB: _____ S.S.# _____
SUBSCRIBER Employer _____	Work Phone _____
Address _____	

INSURANCE COMPANY - PRIMARY	
I.D. # _____	Grp #: _____
Phone: _____	

SUBSCRIBER _____	Relationship _____
Address _____	
Phone (if different) _____	DOB: _____ S.S.# _____
SUBSCRIBER Employer _____	Work Phone _____
Address _____	

INSURANCE COMPANY - SECONDARY	
I.D.# _____	Grp #: _____
Phone: _____	

SPECIAL EQUIPMENT/ INSTRUMENT/ IMPLANT REQUEST
Position: <input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Beach Chair <input type="checkbox"/> Lateral Other: _____

WORKERS' COMP INFO.		
Adjuster: _____	DOI: _____	CL#: _____
Auth'd By: _____	Phone #: _____	
Date of Auth: _____		
Financial Disclosure Name: _____		Date: _____