



Spectrum Health

Record AMENDED SURGICAL PROCEDURE SCHEDULING REQUEST

AREA FOR HOSPITAL USE ONLY

Patient Name
DOB
MRN
Physician
CSN

SCHEDULE PROCEDURE AT:

- Big Rapids Hospital
- Grand Haven Center
- Ludington Hospital
- Reed City Hospital
- Blodgett Hospital
- Helen DeVos Children's Hospital
- Meijer Heart Center Cath Lab
- South Pavilion
- Butterworth Hospital
- Kelsey Hospital
- OB-Butterworth Hospital
- United Hospital
- Gerber Memorial Hospital
- Lake Drive Surgery Center
- Pennock
- Zeeland Community Hospital

Fax completed form to: 616.643.9290

THIS FORM IS TO BE USED FOR ANY AMENDMENTS MADE AFTER THE ORIGINAL PROCEDURE REQUEST (X10301) HAS BEEN SENT.

AMENDED RECORD SCHEDULING REQUEST FOR PROCEDURE/SURGICAL

***Information in this top section and "procedure scheduled date" MUST be complete.**

*Surgeon/Physician _____

*Procedure scheduled date _____

*Procedure scheduled time _____

*Patient's last name _____

First _____

MI _____

DOB _____

DATE OR TIME AMENDMENT

New date requested _____

New time requested _____

- In block
- Out of block
- Group block _____

ADMITTING Office only instructions _____

Status: Outpatient AM admit Inpatient - Room number _____ One day prior to surgery Bedded outpatient for recovery

POST-PROCEDURE DESTINATION Home Non-ICU ICU Peds Non-ICU Peds ICU

DIAGNOSIS AMENDMENT

DIAGNOSIS (NO ABBREVIATIONS) _____

ICD Code CM: _____

***PROCEDURE LEVEL** 1 2 3 4 Comments _____

PROCEDURE AMENDMENT Estimated procedure length _____ (Incision to close. Spectrum Health Hospitals (SHH) assigns turnover value.)

Revised Physician Order sheet also required with this change.

PROCEDURE TO BE PERFORMED (NO ABBREVIATIONS) _____

CASE STATUS AMENDMENT

- CANCEL THIS CASE
- MOVE EXISTING CASES UP

Reason for cancellation: _____

EQUIPMENT/INSTRUMENT/IMPLANT AMENDMENT

OTHER SCHEDULING REQUEST AMENDMENT

TIME _____ **DATE** _____ Request submitted by (signature) _____

Request submitted by (print) _____ Contact phone _____

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BARCODE ZONE

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