# Kettering Health Network
# ESSENTIAL SURGERY CASE REQUEST FAX FORM

**FAX COMPLETED FORM TO:**

| | | | |
|---|---|---|---|
| ☐ **Kettering Hospital** | **937-395-8895** | ☐ Troy Hospital | 937-384-4582 |
| ☐ Specialty Surgical Care | 937-395-8895 | ☐ **Grandview Hospital** | **937-522-8700** |
| ☐ **Sycamore Hospital** | **937-384-4582** | ☐ Grandview GI | 937-723-4099 |
| ☐ Greene Hospital | 937-352-3601 | ☐ **Southview Hospital** | **937-522-8700** |
| ☐ **Soin Medical Center** | **937-522-8920** | ☐ Hand Center | 937-522-7632 |
| | | ☐ **Fort Hamilton** | **513-867-6800** |

**SURGERY DATE** _____ **SURGERY TIME** _____ **LENGTH OF SURGERY** _____

**SURGEON** _____ **ASSISTANT** _____

**Essential Surgery Criteria:**

☐ Threat to patient's life if surgery or procedure not performed.

☐ Threat of permanent dysfunction of an extremity or organ system.

☐ Risk of metastasis or progression of staging.

***Indications:*** _____

☐ Risk of rapidly worsening to severe symptoms (time sensitive).

***Indications:*** _____

**SURGEON SIGNATURE** _____

**PATIENT NAME** _____ **□ Male □ Female**

**SS#/EPIC "E" #** _____ **DATE OF BIRTH** _____

**PATIENT PHONE #'S:** _____**(HOME)**_____**(CELL)**_____**(WORK)**

**PROCEDURE W/CPT CODES** _____

_____

**LATERALITY** **□ Right □ Left □ Bilateral □ N/A** **PATIENT'S WEIGHT** _____ **BMI** _____ **Acuity** _____

**DIAGNOSIS W/ICD-10 CODES** _____

_____

**ANESTHESIA** **□ General □ Bier Block □ Axillary Block □ Spinal □ Epidural**
**□ Choice □ IV Sedation □ Local □ Other (Specify)** _____

**PATIENT CLASS: ☐Ambulatory (Outpatient) ☐Ambulatory (Overnight) ☐Inpatient (Surgery Admit or IP only)**

**PATIENT/SPECIAL NEEDS & EQUIPMENT** _____

_____

**PRIMARY INSURANCE** _____**SPECIFIC PLAN**_____

**PRECERT NEEDED?** **□ Yes □ No** **PRECERT #**_____ **□ IP □ OP □ Procedure Only**

**SECONDARY INSURANCE** _____

**PRECERT NEEDED?** **□ Yes □ No** **PRECERT #**_____

**OFFICE CONTACT PERSON** _____ **PHONE #** _____ **FAX #** _____

**SCHEDULED BY** _____ **CONFIRMATION #** _____