

OPERATING ROOM

CHANGE CANCELLATION ASC ASU SDA IN-PT FAX 444-6452 FAX 444-1831 FAX 444-1831 FAX 444-1831 DATE OF **CURRENT** O.R. BOOKING NAME AND PHONE OF PERSON SENDING FAX PATIENT NAME DATE OF BIRTH MEDICAL RECORD PHYSICIAN PLEASE MAKE THE FOLLOWING CHANGES ON THE ABOVE BOOKING – **ONLY** FILL IN CHANGES – DO NOT RESTATE INFORMATION ALREADY GIVEN TIME____ NEW SURGICAL DATE_____ ADD INFORMATION LISTED BELOW DELETE INFORMATION LISTED BELOW

**PLEASE ALSO FAX CURRENT DATE CHANGES TO PRE-OPERATIVE SERVICES @ 4-9536

REVISED 10-07-09