

PATIENT INFORMATION		
Patient Name:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient Address:	Home #: _____ Alternate #: _____	SSN: _____
Emergency Contact: _____		Allergies: _____
Rel to Patient:	Phone Number:	
<input type="checkbox"/> Medical Record #: _____ <input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient <input type="checkbox"/> SDA	Pregnant / Lactating: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Height: _____ Weight: _____
Insured Name:	Plan Name:	Plan Phone Number:
ID#:	Group #:	Auth#:
PCP:	ICD-9 Code (Diagnosis):	CPT Code:
PROCEDURE INFORMATION		
Surgeon:	Assisting Surgeon / Co-Surgeon:	
Procedure Name:	Date of Surgery: Requested Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Position:	Side/Site/Spine Levels:	
Special Equipment: <input type="checkbox"/> C-Arm/O-Arm <input type="checkbox"/> Brainlab/Stealth <input type="checkbox"/> OR Table <input type="checkbox"/> Special Consents/Screening <input type="checkbox"/> Miscellaneous: _____	Implants: Vendor/Company:	
INTRA-OPERATIVE NEUROMONITORING: <u>(Department Contact Information on Back)</u>		OR NOTES
<input type="checkbox"/> Upper Extremity Somatosensory Evoked Potentials (SSEP Upper) <input type="checkbox"/> Lower Extremity Somatosensory Evoked Potentials (SSEP Lower) <input type="checkbox"/> Motor Evoked Potentials (MEPs) <input type="checkbox"/> Electromyography (EMG) <input type="checkbox"/> Cranial Nerves 3, 4, 5, 6, 7, 9, 10, 11, 12 (Unilateral or Bilateral) <input type="checkbox"/> Nerve Stimulation <input type="checkbox"/> Auditory Brainstem Response (ABRs (CN 8)) <input type="checkbox"/> Visual Evoked Response (VERs) <input type="checkbox"/> Phase Reversal (physician present) <input type="checkbox"/> Cortical Stimulation (physician present) <input type="checkbox"/> Electroencephalogram (EEG)		

HOUSTON METHODIST HOSPITAL CHECKLIST FOR REQUESTING SURGICAL CASES CONTACT INFORMATION

Central Scheduling	713.441.6504
FAX	713.791.5060
Department of Neurophysiology Intraoperative Neuro-Monitoring	713.441.3078
Dunn 3 OR	713.441.2031
Main 3 OR	713.441.1031
Fondren Brown OR	713.441.3031
OPC OR	713.441.5031
Dunn 6 OR	713.441.2061
Neuro-Sensory OR Ophthalmology	713.441.5372
ENT	713.441.4071
APEC (Anesthesia Pre-op Evaluation Clinic)	713.441.5035

