Houston Methodist Hospital
6565 Fannin Street
Houston, TX 77030

SURGERY/ENDOSCOPY SCHEDULING

HMH1825

PATIENT

PATIENT'S LAST NAME FIRST NAME MI			DOB
PATIENT ADDRESS		CITY, STATE ZIP	
SEX ☐ MALE ☐ FEMALE	PREFERRED PHONE #	E-MAIL	
REQUESTED SERVICE DATE/TIME	**CLASSIFICATION** OP☐ OBS☐ IP☐ SURGERY ADMIT☐	**POST-OP LOCATION**	
HEIGHT / WEIGHT / ALLERGIES			INTERNATIONAL PATIENT? ☐YES ☐NO

BILLING

GUARANTOR NAME	DOB	PHONE #
ADDRESS	CITY, STATE ZIP	

INSURANCE

NAME OF PRIMARY INSURANCE CO	WORKERS' COMP? ☐ If checked, provide date of injury: _____	PHONE #
INSURED/ADJUSTER'S NAME		POLICY/CLAIM NUMBER
GROUP NAME		GROUP NUMBER
PRECERT AUTHORIZATION #		
NAME OF SECONDARY INSURANCE CO		PHONE #
INSURED'S NAME		POLICY/CLAIM NUMBER
GROUP NAME		GROUP NUMBER

DIAGNOSIS/CLINICAL PROBLEM — **DURATION:** _____ **Hrs** — **ICD 10 CODE**

PROCEDURE — **CPT CODE**

TYPE OF ANESTHESIA NEEDED — **NAME & TYPE OF IMPLANT IF REQUESTED:**

REGIONAL ☐Yes ☐No **TYPE:**

OTHER NOTES / SPECIAL EQUIPMENT:

PREADMISSION TESTING CLINIC

Will patient need to be seen in the HMH Preadmission Testing Clinic? ☐Yes ☐No

Consults in progress or completed: (check box) ☐ Cardiology ☐ Pulmonology ☐ Nephrology ☐ Internal Medicine ☐ Other _____

Preadmission Testing Orders

☐ Do not repeat testing if completed within 30 days of surgery, if they meet anesthesia guidelines:

Labs:

☐ Per Anesthesia Guidelines OR ☐ See Checked Lab orders below

☐ CBC w/Diff	☐ HCG Serum	☐ UA
☐ Type and Screen	☐ BMP (Chem 7)	☐ PT
☐ Urine Screen W/Reflux to Culture	☐ Urine Culture	☐ PTT
☐ Hemoglobin A1C	☐ CMP (Chem 14)	☐ Hepatic Function Panel

☐ EKG

☐ Other: _____

☐ **ERAS**

NPO Status:

☐ NPO after midnight
☐ NPO after midnight, except for morning medications if indicated
☐ Water allowed 2 hours prior to arrival
☐ Clear liquids allowed 2 hours prior to arrival

(Note: Water and Clear Liquids contraindications include GERD, Ileus, Pregnancy, Gastroparesis, Hiatal Hernia, Hyponatremia, GLP-1 Agonists, Bowel Obstruction, History of Difficult Airway, Difficulty swallowing (Achalasia), Neurological Disorders (Parkinson's), Patients with history of or undergoing partial or total gastrectomy)

☐ Other: _____

Additional Supplemental Drinks:

☐ Carbohydrate Loading Drinks

☐ Drink 2 bottles (each 10 oz) on the **night** before surgery, between dinner and bedtime, at least 1 hour before bedtime
☐ Drink 1 bottle (10 oz) the **morning** of surgery, up to 2 hours before hospital arrival
☐ Other: _____

(Note: Carbohydrate Loading contraindications include GERD, Ileus, Pregnancy, Gastroparesis, Hiatal Hernia, Hyponatremia, GLP-1 Agonists, Type 1 Diabetes, History of Uncontrolled Type 2 Diabetes (HbA1c >8), Bowel Obstruction, History of Difficult Airway, Difficulty swallowing (Achalasia), Neurological Disorders (Parkinson's), Fluid restrictions (patients with Ascites, CHF, ESRD), Patients with history of or undergoing partial or total gastrectomy)

☐ Immunonutrition Drinks

☐ Drink 1 carton (8 oz) twice daily with meals starting 5 days before surgery for a total of 10 cartons. Drink last two cartons with meals on the day before surgery unless otherwise specified by surgeon. After surgery, follow physician's instructions.
☐ Other: _____

(Note: Immunonutrition drink contraindications include Renal failure, galactosemia, congenital allergy to milk protein, allergy to fish/fish products/fish oil. Not for use when immunosuppression is desired and not recommended in patients with breast cancer)

To request a case, fax form to 713.363.9561 For questions, call HMH Surgery Scheduling at 713.441.6504

For more forms, email hmhphysicianliaisons@houstonmethodist.org

Physician's Name (print) Physician Phone #

Physician's Signature Date/Time

Office Contact Name Office Phone #

ADHERE PATIENT LABEL WITHIN THIS AREA

HOUSTON Methodist LEADING MEDICINE