AUBMC Surgical Admission Form

- Name: - MRN:

- Phone Number:

- Age: 41 y.o. DOB: 21/9/1982 Sex: female

There is no home phone number on file.

- A.F Submission date:	
Surgery Information (412721)	
Surgery Date: 19/09/2024	Admission Date: 19/09/2024
	ransacral Or Transcoccygeal Approach - [45160 (Cpt®)] - N/A
Surgeon(s): Ziad El Rassi, MD	
Service: General	Anesthesia Type: Geneal & Regional
Patient Class Surgery Admit	, i
	Procedure Type:Surgical
Admission Information	Dillion Class NA
Admission Source: Physician Clinic	Billing Class: NA
Admission Service: Surgery Expected Length of Stay: 1	Room and Bed Request: RF
High Dollar Supplies:	
Are there any Prosthesis, Medical Supp	olies, Laparoscopic Instruments, Stent, Apparatus?: No
Order and Preadmission Testing Pau Needed:Yes	
Medical Test/Images:	
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EKG
CBC
Urine Analysis
INR
PTT
Transfusions: RBC
RBC#2