

AUBMC Surgical Admission Form

- **Name:**
- **MRN:**
- **UHID:**
- **Age:** 10 y.o. **DOB:** 27/8/2014 **Sex:** female
- **Phone Number:**

- **Country Of Origin:**

- **A.F Submission date:**

Surgery Information (417581)

Surgery Date: 24/10/2024	Admission Date: 24/10/2024
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Adenoidectomy (Separate Procedure): Primary Or Secondary - [42830 (Cpt®)] - N/A
Surgeon(s): Dr ENT, MD

Service: ENT	Anesthesia Type: General
Patient Class Same Day Surgery	
	Procedure Type:Surgical

Diagnosis (ICD10):

Adenoid hypertrophy
208937

Admission Information

Admission Source: Physician Clinic	Billing Class: 1A
Admission Service: Otolaryngology	
Expected Length of Stay: 1	Room and Bed Request: NA

Brief Description of Medical Condition: Adenoid hypertrophy causing snoring and mouth breathing for adenoidectomy. Used Nasonex for 1 month reports 40% improvement only
Stopped the INS 2 days ago and symptoms recurred.
FFL: Adenoid 3+

High Dollar Supplies:

Are there any Prosthesis, Medical Supplies, Laparoscopic Instruments, Stent, Apparatus?: No

Order and Preadmission Testing

Pau Needed:Yes
Medical Test/Images: No Tests or Images Requested
Transfusions: N/A
