

## 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

