

## OPERATIVE AND ANESTHESIA SCHEDULE REQUEST

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|   |  |   |   |  |   |  |                                      |                    |
|---|--|---|---|--|---|--|--------------------------------------|--------------------|
| SERVICE   | TEAM   | OR #  | CASE ORDER #  | SCHEDULED<br><input type="checkbox"/>    | SPACE AVAILABLE<br><input type="checkbox"/>                                       | URGENT<br><input type="checkbox"/>         | EMERGENT<br><input type="checkbox"/> | DATE OF OPERATION  |
| NAME (Last, First, MI)  |  |   | FMP   | SSN                                      | STATUS  | VIP / COMMENTS<br><input type="checkbox"/> |                                      |                    |
| D.O.B.  | AGE  | SEX<br>MALE <input type="checkbox"/><br>FEMALE <input type="checkbox"/> | PATIENT TYPE<br>SDS <input type="checkbox"/> DOSA <input type="checkbox"/> IN PT <input type="checkbox"/> OUT PT <input type="checkbox"/> |  |   | WARD #                                     | ISOLATION CATEGORY                   |                    |
| CPT CODE  | PROCEDURE DESCRIPTION  |   |   |  |   |  | ESTIMATED PROCEDURE TIME             |                    |
| CPT CODE  |  |   |   |  |   |  |                                      |                    |
| PRE-OP DIAGNOSIS  |  |   |   |  |   |  |                                      |                    |
| STAFF SURGEON #1  |  |   | STAFF SURGEON #2  |  |   | PRI/RES SURGEON #1                         |                                      | PRI/RES SURGEON #2 |
| X-RAY <input type="checkbox"/>  | C-ARM <input type="checkbox"/>   | FROZEN SECTION <input type="checkbox"/>                                 | CELL SAVER <input type="checkbox"/>   | BLOOD REQUIRED? <input type="checkbox"/> | # OF UNITS  |  |                                      |                    |
| PRE-OP SHAVE PREP? <input type="checkbox"/>   | PATIENT POSITION<br>SUPINE <input type="checkbox"/> PRONE <input type="checkbox"/> LATERAL <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> |   |   |  |   |  |                                      |                    |
| INTRA-OP DRUGS  |  |   |   |  |   |  |                                      |                    |
| SPECIAL EQUIPMENT/INSTRUMENT SETS REQUIRED  |  |   |   |  |   |  |                                      |                    |
| GENERAL REMARKS/NOTES   |  |   |   |  |   |  |                                      |                    |
| ANESTHESIA TYPE<br>GENERAL <input type="checkbox"/> EPIDURAL <input type="checkbox"/> SPINAL <input type="checkbox"/> NERVE BLOCK <input type="checkbox"/> BIER BLOCK <input type="checkbox"/> CHOICE <input type="checkbox"/> MAC <input type="checkbox"/> OTHER <input type="checkbox"/> PLEASE SPECIFY |  |   |   |  |   |  |                                      |                    |
| ANESTHESIA REMARKS/REQUESTS   |  |   |   |  | POST-OP DESTINATION<br>PACU <input type="checkbox"/> ICU <input type="checkbox"/> |  |                                      |                    |
| MED/SURG PROBLEMS   |  |   |   |  |   |  |                                      |                    |
| CIRCULATOR REMARKS  |  |   |   |  |   |  |                                      |                    |
| DATE OF REQUEST   | SCHEDULING PHYSICIAN SIGNATURE, PROVIDER #, & STAMP  |   |   |  |   |  | PHYSICIAN'S PAGER #                  |                    |

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).