

**BAYONET POINT SURGERY AND ENDOSCOPY CENTER
FAX SCHEDULING RECORD
14104 Yosemite Drive
Hudson FL 34667
727-869-5050 (SCHEDULING)
727-869-5040 (MAIN) 727-869-5041 (Fax)**

GENERAL INFORMATION:

Surgery Date ___/___/___ Time: _____ Doctor Name: _____
Time Needed to Complete Surgery: _____ Anesthesia _____ Chart# _____

PATIENT INFORMATION:

(Circle One) Gender: Male Female DOB: _____ Social Security# _____
Patient Name (First, MI, Last) _____

Patient Address: _____

City/Zip: _____

Phone Numbers (H) _____ (W) _____ CELL) _____

PROCEDURE INFORMATION

Procedure(s) _____

_____ CPT CODE(S) _____

Diagnosis _____ Diagnoses Code(s) _____

Special
Instructions/Equipment: _____

Where patient is going for Labwork/Xray/EKG?

***OBSERVERS** _____ **CONSENT OBTAINED: YES / NO**
Name(s)

INSURANCE INFORMATION *Please send a copy of the front and back of all insurance cards.*
(IMPORTANT)

***Primary** Insurance Company _____ Phone Number _____

(IMPORTANT)

Patient Identification# _____ Grp# _____

***Secondary** Insurance Company _____ Phone Number _____

Patient Identification# _____ Grp# _____

Scheduler's signature: _____ Date: _____