

**LPCH SCHEDULING/PRECERTIFICATION FORM- SHORT STAY UNIT (MEDICAL)**

Please fill out this form completely and fax to both numbers so that procedure can be scheduled accurately and promptly.

<b>SSU Fax # :</b> (650)497-8769	<b>Precert Fax:</b> (650) 497-8968
<b>SSU # :</b> (650)721-1880	<b>Admitting Phone:</b> (650) 497-8229

<b>Patient Name: Last:</b>	<b>First:</b>
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<b>Med Record #:</b>	<b>Date of Birth:</b>	<b>Sex:</b>
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<b>Home Phone:</b>	<b>Work Phone/Relationship:</b>	<b>Cell phone/Other:</b>
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<b>Person Completing this Form:</b>	<b>Date:</b>	<b>Phone/Pager:</b>
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<b>Diagnosis(es):</b>	<b>ICD-9(s):</b>
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**Procedure Date and Time Requested:**  
**Recurring**  **Interval: every** \_\_\_\_\_  days  month(s)

<b>Attending MD:</b>	<b>Phone/Pager:</b>	<b>Referring MD:</b>	<b>Phone/Pager:</b>
<b>Procedure Provider:</b>	<b>Phone/Pager:</b>	<b>Primary MD:</b>	<b>Phone/Pager:</b>

**Isolation:**  Contact  Droplet  Airborne  N/A      **Latex Precaution:**  Yes  No

**HEIGHT:** \_\_\_\_\_      **WEIGHT:** \_\_\_\_\_

**INFUSION PROCEDURES**

CHEMOTHERAPY INFUSION =  < 1 hour ( CPT: \_\_\_\_\_ )       > 1 hour ( CPT: \_\_\_\_\_ )

Medication Name	Dose	J-Code
1. _____	_____	_____
2. _____	_____	_____

THERAPEUTIC INFUSION =  < 1 hour ( CPT: \_\_\_\_\_ )       > 1 hour ( CPT: \_\_\_\_\_ )

Medication Name	Dose	J-Code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Hydration =  < 1 hour ( CPT: \_\_\_\_\_ )       > 1 hour ( CPT: \_\_\_\_\_ )

**NON-INFUSION PROCEDURES**

Blood Draw ONLY ( CPT: \_\_\_\_\_ )       Blood Draw PRE procedure       Blood Draw POST Procedure

**Draw Site:**  PICC     PORT     PERIPHERAL

**Clinic Visit Authorization w/ Infusion:**

Exp Hx/Exam-Low 99213     Detail Hx/Exam-Mod 99214     Comp Hx/Exam-High 99215

**Laboratory Authorization:**

CPT code(s): \_\_\_\_\_

**Parent / Legal Guardian:** \_\_\_\_\_      **Legal Guardianship Documents on file:**  Yes  No

<b>Primary Insurance:</b>	<b>Secondary Insurance:</b>
<b>ID Number:</b>	<b>ID Number:</b>
<b>Subscriber Name:</b>	<b>Subscriber Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Authorization Number: (If available)</b>	<b>Authorization Number: (If available)</b>

**Financial #:** \_\_\_\_\_      **Procedure:**  Cancel  Reschedule to Date /Time :