Pre-Op / EKG / X-Ray Form
PLEASE PRINT

***Attach a copy of patient's insurance card.**
FOR NON-MEDICAID PATIENTS ONLY

□ **STAT**

PLEASE FAX TO:

□ **Location of Surgery (Check One)**

□ Unity Surgical Center	□ Franciscan Health	□ IU Health
(3907/KSU)	PH: 765.502.4310	PH: 765.448.8000
PH: 765.446.5000	FX: 765.502.4308	FX: 765.838.5150
FX: 765.446.5011		

□ **Ordering Physician**
DR._____
Phone:_____
Fax:_____

Patient Name:_____
PCP:_____
Address:_____ City:_____ State:_____ Zip:_____
DOB:_____ Phone:_____
☐ Commercial Insurance ☐ Work Comp Insurance

Instructions:
1. Surgeon's office should allow 2 days for patient pre-op work-up.
2. Patients should take this sheet with them to the Unity Immediate Care Center. Pre-Op Testing Hours are 8am – 7pm, 7 days/week.

Pre-Op Appointment Day:_____ Time:_____
Date of Surgery:_____ Surgeon:_____
Type of Surgery:_____ ☐ Pre-Op ☐ Other
Requesting Office:_____ Fax:_____ Phone:_____

Surgeon's Office Only	**Diagnosis Codes - Do Not Use Pre-Op as a Diagnosis Code**			**UICC Use Only**
Procedure:	Primary	Secondary	Tertiary	Initials
EKG				
XRay - PA and Lateral Chest				
XRay - Other (Specify)				
UICC Lab				

Pre-Op Panels:	**Pre-Op Tests:**		**EKG and X-Ray**
□ Electrolyte Panel	□ CBC / DIFF / PLT	□ PT with INR	□ EKG
□ Basic Metabolic Panel	□ Glucose - Fasting	□ Urine, dipstick only	□ X-Ray PA and Lateral Chest
□ Hepatic Function Panel	□ Beta HcG (qual)	□ Urinalysis, complete	□ Other:
□ Lipid Panel	□ Hemoglobin AIC	□ Urine Culture	
□ Comprehensive Panel	□ Iron with TIBC	□ Other test:	
□ Renal Panel	□ PSA	□ Other test:	

_____ _____
Physician's Signature Date

REV 11/16