OrthoTec Surgery Center

340 W Butterfield Rd, Suite 1B Elmhurst IL, 60126
Phone: 331-209-9903
Fax: 331-209-9927

Scheduling Surgery

Please complete and fax back with a copy of patients insurance card (front and back)

Today's Date: _____ ☐Schedule Now ☐Schedule Future ☐Recommended

Surgery Day: _____ Time Requested: _____

OR Time: _____Hrs. _____Min Anesthesia Type: MAC / LOCAL

ICD Code: _____

Procedure: _____

_____

Special Equipment/Implants:_____

Surgeon Signature: _____ Requested By: _____

Patient Name: _____ Sex (circle one) MALE FEMALE

Date of Birth: _____ Social Security #: _____-_____-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #:_____ Cell Phone #:_____

Primary Care Physician: _____

Primary Insurance: _____

Members Name: _____ Policy #: _____ Group # _____

Secondary Insurance: _____

Members Name: _____ Policy #: _____ Group # _____

Appointment Confirmation

Scheduled By: _____ Faxed Back Date: _____

Confirmation # _____