


Scheduled Date/Time: (to be filled out by CH OR scheduler)		 Surgery Request Form		Email form to: SurgeryScheduling@childrensmn.org	
Procedure Information		FILL OUT FORM COMPLETELY PRIOR TO SUBMITTING			
Children's MRN:					
Patient Legal Name	Last:	Full Middle:	First:		
Preferred Name:		Patient DOB:	Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Pronouns:		Birth Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Patient Address:		Primary Cell Phone # : Other Phone #: Preferred method to contact: <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Permission to Text <input type="checkbox"/> Preferred Family Email:			
Primary Doctor:		Preferred Language:			
Primary Clinic:		Interpreter Needed: <input type="checkbox"/> No <input type="checkbox"/> Yes Language:			
Patient Preference Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Case Scheduling Status (See attached for definitions) : Elective: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C					
Location: <input type="checkbox"/> Minneapolis <input type="checkbox"/> St. Paul <input type="checkbox"/> Minnetonka ASC		Date Requested: <input type="checkbox"/> <input type="checkbox"/> Call for time		Patient Type: <input type="checkbox"/> Day Surgery <input type="checkbox"/> OP in a bed <input type="checkbox"/> AM Admit <input type="checkbox"/> Prior Day Admit Rationale:	
Laterality: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> N/A		Surgeon's Work Time: <input type="checkbox"/> Use Average Estimated Time <input type="checkbox"/> Specific Time minutes Reason:			
Procedure Name:			Procedure Medications Requiring Prior Authorization:		
CPT Codes:			<input type="checkbox"/> Botox <input type="checkbox"/> Not Applicable		
Surgical Diagnosis & ICD-10 codes:			Complex medical/anesthesia history? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Diagnosis & ICD-10 codes:			Please Explain:(ie: Cardiac/Malignant Hyperthermia/autism/behavioral)		
Primary Surgeon:		Additional procedures to be performed under anesthesia?			
Assisting Surgeon:		<input type="checkbox"/> None <input type="checkbox"/> Imaging (requires separate order) <input type="checkbox"/> Labs <input type="checkbox"/> Other:			
Equipment Needs/Special Requests:				Reps needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Positioning:				Vendor Info:	
Demographic Information			<input type="checkbox"/> All information correct & verified in Cerner on:		
Parent/Legal Guardian 1 Name:			Parent/Legal Guardian 2 Name:		
Parent/Legal Guardian 1 Phone #:			Parent/Legal Guardian 2 Phone #:		
Parent/Legal Guardian 1 DOB:			Parent/Legal Guardian 2 DOB:		
Relationship to Patient:			Relationship to Patient:		
Parent/Guardian Address (if different than patient or enter N/A):			Parent/Guardian Address (if different than patient or enter N/A):		
Is this person able to sign surgery consent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this person able to sign surgery consent: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Type:			Insurance Type:		
Group #: Member ID #:			Group #: Member ID #:		
Policy Holder Name: DOB:			Policy Holder Name: DOB:		
Relationship to patient:			Relationship to patient:		
Prior Auth #:			Prior Auth #:		
*** Insurance must be current active coverage & include a copy of the card			*** Insurance must be current active coverage & include a copy of the card		
Office Scheduler:		Phone #:		Email:	
Additional Information:					



Elective A – Risk to medical stability if procedure not performed, uncontrollable pain or pain requiring continuous medication, severe disease, fast rate of disease progression, current infection, high risk of infection if not performed, severe impact on physical function and/or quality of life, no medical alternative

Elective B – Stable disease but risk of long-term consequences if delayed more than 3 months, moderate impact on physical function and/or quality of life, medical treatment difficult to maintain, moderate risk of infection if not performed

Elective C – Non-life-threatening, low risk of long-term consequences if delayed, low risk of infection, low risk of disease progression, mild impact on physical function and/or quality of life

Revised 4/2025