



Children's
MINNESOTA
Surgery Request Form

Email form to:
SurgeryScheduling@childrensmn.org

Scheduled Date/Time:

(to be filled out by CH OR scheduler)

Procedure Information

FILL OUT FORM COMPLETELY PRIOR TO SUBMITTING

Children's MRN:

Patient Legal Name Last:

Full Middle:

First:

Preferred Name:

Pronouns:

Patient DOB:

Legal Sex: ☐ Male ☐ Female

Birth Sex: ☐ Male ☐ Female

Patient Address:

Primary Cell Phone # :

Other Phone #:

Preferred method to contact:

☐ Call ☐ Email ☐ Text

☐ Permission to Text

Preferred Family Email:

Primary Doctor:

Primary Clinic:

Patient Preference Plan: ☐ Yes ☐ No

Preferred Language:

Interpreter Needed: ☐ No ☐ Yes

Language:

Case Scheduling Status (See attached for definitions) : Elective: ☐ A ☐ B ☐ C

Location: ☐ Minneapolis

☐ St. Paul

☐ Minnetonka ASC

Date Requested:

☐ Call for time

Patient Type:

☐ Day Surgery ☐ OP in a bed

☐ AM Admit ☐ Prior Day Admit - Rationale:

Laterality: ☐ Left ☐ Right

☐ Bilateral ☐ N/A

Surgeon's Work Time:

☐ Use Average Estimated Time

☐ Specific Time minutes Reason:

Procedure Name:

CPT Codes:

Procedure Medications Requiring Prior Authorization:

☐ Botox ☐ Not Applicable

Surgical Diagnosis & ICD-10 codes:

Additional Diagnosis & ICD-10 codes:

Complex medical/anesthesia history? ☐ Yes ☐ No

Please Explain: (ie: Cardiac/Malignant Hyperthermia/autism/behavioral)

Primary Surgeon:

Assisting Surgeon:

Additional procedures to be performed under anesthesia?

☐ None ☐ Imaging (requires separate order) ☐ Labs

☐ Other:

Equipment Needs/Special Requests:

Reps needed: ☐ Yes ☐ No

Vendor Info:

Positioning:

Demographic Information

☐ There are guardian issues/concerns

(Please attach any legal custody documents)

☐ All information correct & verified in Cerner on:

Legal Guardian 1 Name:

Legal Guardian 2 Name:

Legal Guardian 1 Phone #:

Legal Guardian 2 Phone #:

Legal Guardian 1 DOB:

Legal Guardian 2 DOB:

Relationship to Patient:

Parent/Guardian Address (if different than patient or enter N/A):

Relationship to Patient:

Parent/Guardian Address (if different than patient or enter N/A):

