

ADVANCE REQUEST FOR PRE-ADMISSION APPOINTMENT

*This form is to be used for **patients who live out of town** and a Pre-Admission Appointment is required on the same day the patient has an appointment with the Surgeon.*

SURGEON'S NAME: _____ FAX: _____ DATE: _____

PATIENT'S INFORMATION	Surgery Date	Procedure	Type of Pre-Admission Appointment Required	Date of Pre-Admission Time
Name: _____ Date of Birth: _____ HCN: _____ J#: _____			<input type="checkbox"/> Anaesthesia <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Other: _____	The patient has an appointment with the Surgeon on: _____ at _____ h. Pre-Admission Appointment has been booked for: _____ at _____ h. Advance Pre-Admission Appointment not given.

Date form faxed back to Surgeon's Office: _____