

CANCELLATION/CHANGE REQUEST FORM

Pre-Admission & Operating Room

OR FAX: 416-530-6300
PRE-ADMIT FAX: 416-530-6655
N DRIVE FAX: 416-530-6213



Name: _____ LAST NAME FIRST NAME
Male Female
J #: _____
DOB: _____
Address: _____

Telephone: _____
OHIP #: _____

PATIENT'S NAME: _____

DOB: _____ HCN: _____ J#: _____

SURGEON: _____

INTERPRETER REQUIRED? YES NO LANGUAGE: _____

AMERICAN SIGN LANGUAGE? YES NO

OR BOOKING

SURGERY DATE: _____ TIME: _____

CHANGE TO:

DATE: _____ TIME: _____

PRE-ADMISSION APPOINTMENT

DATE: _____ TIME: _____

CHANGE TO:

DATE: _____ TIME: _____

REASON FOR CANCELLATION: *(Check most appropriate rationale below)*

- | | | |
|---|---|--|
| <input type="checkbox"/> 1C Patient declined surgery | <input type="checkbox"/> 2F Patient unfit for surgery | <input type="checkbox"/> 2E Abnormal lab values |
| <input type="checkbox"/> 1D Other patient factor | <input type="checkbox"/> 2I Patient expired | <input type="checkbox"/> 2D Surgery no longer required |
| <input type="checkbox"/> 2A Cancelled by Surgeon | <input type="checkbox"/> 3E1 Incorrect booking | <input type="checkbox"/> 2G Blood not available |
| <input type="checkbox"/> 2B Cancelled by Anesthesia | <input type="checkbox"/> 3E2 Overbooked | <input type="checkbox"/> 2H Test results not available |
| <input type="checkbox"/> 2C Cancelled by Medicine/ GP | <input type="checkbox"/> 3E3 Surgeon office postponed | <input type="checkbox"/> 2J Other medical reasons |
| <input type="checkbox"/> 2K Patient already had surgery | <input type="checkbox"/> 3E4 Incomplete pre-admit package | |

COMMENTS:

***Please use a new form for additional changes*

DATE FAXED TO PRE-ADMIT/ OR BOOKING: _____