



**SURGERY RESERVATION**

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PATIENT INFORMATION

PLEASE PATIENT'S LABEL HERE

PHONE: 504-897-8438 FAX: 504-897-7853

Booking Case # \_\_\_\_\_

Request Surgery Date: \_\_\_\_\_ Time/Length of Procedure: \_\_\_\_\_ hours

Request Pre-Op Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please Call 504-897-7771 to Schedule a Pre-Op Appointment. If Not Requested Above

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient SS#: \_\_\_\_\_ M/F: \_\_\_\_\_ M/F \_\_\_\_\_ MR#: \_\_\_\_\_ RM#: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Phone #: (\_\_\_\_) \_\_\_\_\_ Patient Ins.: \_\_\_\_\_

Office Staff Name: **Delecia Allen, RN** Office#: **504.988.5271** Fax#: **504-897-8769**

Surgeon Name: **Wayne Hellstrom, MD** Assistant Surgeon: \_\_\_\_\_

Procedure 1. **Malleable penile prosthesis placement** CPT Code: **54400**

Procedure 2. \_\_\_\_\_ CPT Code: \_\_\_\_\_

Procedure 3. \_\_\_\_\_ CPT Code: \_\_\_\_\_

Procedure 4. \_\_\_\_\_ CPT Code: \_\_\_\_\_

**Please check all items/Equipment needed for Procedure:**

Stryker Video	Robotic # Arms
Stryker Ortho	Docking Side: ( <input type="checkbox"/> Supine <input type="checkbox"/> Prone )
Gold Laser	Lithotomy
CO2 Laser	Jack Knife
Holmium Laser ( <input type="checkbox"/> Inhouse <input type="checkbox"/> Vendor )	<b>Anesthesia:</b>
Biomet	<input checked="" type="checkbox"/> General
Depuy	Mac
Synthes	Spinal
Fusion Navigation ( <input type="checkbox"/> Scan at Touro <input type="checkbox"/> Scan on disc )	Epidural
Neuromonitoring	Local
Neoprobe ( <input type="checkbox"/> Inhouse <input type="checkbox"/> Vendor )	Other:
Medtronic Robtic SI	
Robotic XI	

Admit Type: \_\_\_ Inpatient  Outpatient/23hr. Stay \_\_\_ AM Admit

Patient Diagnosis and ICD-10 Code: **Erectile dysfunction, N52.9**

Instruments/Implants: \_\_\_\_\_

Please contact OR Material Coordinator for any special requests @ 897-7020

Printed Name of Hospital Representative: <b>Wayne Hellstrom, MD      Delecia Allen, RN</b>	Office #: <b>504.988.5271</b>	Fax #: <b>504-897-8769</b>
Hospital Representative's Signature: <b>X</b>	Date MM/DD/YY <b>/ /</b>	Time 00:00 AM/PM <b>:</b>

ENCOUNTER LEVEL  
**SURGERY RESERVATION**

T17423 | (03/18, 07/22) Revised



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