Amit Bhandarkar, M.D.
Spine Surgical Services
Surgery Order Form
www.onlinespinecare.com

Patient Information

Patient Name: _____

Patient Date of Birth: _____

Diagnosis of Patient: _____

Allergies: _____

MRSA - Status _____
Choice of antibiotics _____
Diabetes Control_____
Smoker

Osteoporosis	Low // Mid // High
DVT risk	Low // Mid // High
Bleeding risk	Low // Mid // High
Cardiac risk	Low // Mid // High
Pulmonary risk	Low // Mid // High
Myelopathy risk	Low // Mid // High
Infection risk	Low // Mid // High

Current blood thinners _____

Insurance Information

Insurance Company: _____

Policy Number: _____

Group Number: _____

Insurance Pre-Cert Number: _____

Secondary Insurance Details: _____

Subscriber Details: _____

Approved for:
- ☐ Inpatient
- ☐ Outpatient
- ☐ Outpatient and Observation

Surgery Information

Surgeon: **Dr. Amit Bhandarkar** Surgery Date:_____ Case Duration: 1/2/3/4/5/6 Hrs

Procedure:_____

_____

CPT Codes: _____

Co-Surgeon/First Assist:_____Side of Patient: ☐ Right ☐ Left

Position of Patient: ☐ Supine ☐ Prone ☐ Right Side Up Lateral ☐ Left Side Up Lateral

Anesthesia Requirements

☐ MAC ☐ General ☐ Local Endoscopic Surgery Awake + MAC ☐ Local

Pre- Op Clinic Anesthesiologist Visit on_____Pre-admission Medical Work-Up Completed on:_____

Remarks by the consultant:_____

PCP:_____PCP Contact Info:_____PCP Office Fax#:_____

Blood Product Requirements

Crossmatch and reserve do not issue

☐ PRBC 1/2/3/4 ☐ FFP 1/2/3/4 ☐ Cell Saver

- Obtain medical clearance
- Obtain cardiac clearance
- Obtain other clearance

_____

Investigations before surgery

- Imaging
- Bone Density
- EMG/ NCV
- Nicotine test

Radiology Requirements	Neuromonitoring Requirements	Special OR Requirements
☐ 1 C-Arm ☐ 2 C-Arms ☐ O-Arm ☐ Spine Navigation ☐ Patient's imaging to be pulled up either by PACS or by CD	☐ Sensory ☐ Motors ☐ EMG ☐ Sphincter ☐ Special Needs:	Table equipment- ☐ Jackson Table ☐ Normal Table ☐ Wilson Frame Normal ☐ Table Reversed Mayf eld ☐ tongs Garden well tongs ☐ Other : ☐ Proaxis -Jackson

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Surgical instruments requirement

Cervical	Thoraco- Lumbar	Special OR Instruments
☐ Cervical micro instrument set ☐ Curet set ☐ Bayoneted Sets ☐ Cervical retractor types 1. Codman retractor 2. Other ☐ Special needs	☐ Lumbar micro instrument set ☐ Lumbar retractor types 1. Tube 2. Phantom, McCullah 3. Other: ☐ Lumbar general set ☐ Osteotome set ☐ MIS bayoneted sets ☐ Curet set ☐ Special Needs:	☐ Microscope ☐ Headlights ☐ Burr Set ☐ Power drill/saw ☐ Aquamantys ☐ Mesonix scalpel ☐ Spine endoscope Sets ☐ Implant Removal sets

Bone graft requirements

Company Name _____

☐ Demineralized bone matrix
☐ Cortico cancellous chips
☐ Bone marrow aspiration set
☐ Bone morphogenic Protein
☐ Stem cell product
☐ Synthetic bone graft extender

Implant Device Requirements

Cervical	Thoraco- Lumbar	Miscellaneous
☐ Cervical ☐ Anterior • Plate and screws • Cages with anchors • Total disc replacement o Prodisc Vivo o Mobi C ☐ Posterior • Dtrax • Lateral mass screws • Laminoplasty plates • C1 C2 screws Other	☐ Anterior • ALIF ☐ Lateral • Cages • Plates ☐ Posterior • Open o Pedicular screws o Cages • MIS o Pedicular screws o Cages o Coflex Other:	SI – Joint fusion • Zyga ☐ Spinal cord Stimulation • Stimulator trial • Permanent implantation Specifics: ☐ Percutaneous procedures • Kyphoplasty • SPINE Jack • Bag of bones Endoscopic Procedures • Interlaminar endoscopy • Transforaminal endoscopy • Endoscopic fusion cage • Bag of bones Other:
Implant company/ Rep to be contacted/ date notified		

Other needs

- Interpreter
- Latex allergy
- Iodine allergy

Scheduler's Name and signature

_____

_____

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