



Physicians'
Specialty Hospital
A Matter of Excellence

3873 N. Parkview Dr., Fayetteville, AR 72703 PSHfay.com

Intake Scheduling Form

Patient Label

Scheduling phone number: **479.571.7835**

Scheduling / orders fax number: **479.443.7191**

Date of surgery:		Start time:		Length of case:	
Patient Name (please attach face sheet, photocopy of insurance, when available)			Surgeon:		
Date of birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Social security number:	
Street Address:					
City / State / Zip			Home phone:		Other phone:
Primary insurance company:			Insurance company phone:		
ID#			Group#		
Secondary insurance company:			Insurance company phone:		
ID#			Group#		

Planned surgery / procedure (please attach any supporting clinical documentation when available)	
Reason / diagnosis for procedure (please provide narrative description):	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient (one-day surgery) <input type="checkbox"/> Observation (cannot order pre-surgically, if anticipated, check this box, post-op order for observation is required)	
Special request:	
Person completing this form:	Phone / Fax:

Taken by (PSH):	Date / Time:

Confidentiality Notice (if used as fax cover sheet):

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