

Today's Date: \_\_\_\_\_

Procedure Date: \_\_\_\_\_

## **ANESTHESIA REQUEST FORM**

**E. Newton Pavilion**                       **Menino Pavilion**

Patient Name: \_\_\_\_\_ Phone #/Floor \_\_\_\_\_  
Medical Record: \_\_\_\_\_ Age \_\_\_\_\_  
Referring MD: \_\_\_\_\_ MD pager: \_\_\_\_\_  
MD performing procedure/pager: \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Procedure: \_\_\_\_\_ Length of procedure: \_\_\_\_\_  
ASA Classification \_\_\_\_\_ PAT (8-6287) appt. date & time \_\_\_\_\_  
Schedule call: 86965 \_\_\_\_\_ Family contact number post procedure \_\_\_\_\_

<b>Class 1</b>	Healthy patient, no medical problems
<b>Class 2</b>	Mild systemic disease
<b>Class 3</b>	Severe systemic disease, but not incapacitating
<b>Class 4</b>	Severe systemic disease that is a constant threat to life
<b>Class 5</b>	Morbid, not expected to live 24 hours irrespective of operation
An e is added to the status number to designate an emergency operation. An organ donor is usually designate as Class 6	

**OFF SITE ANESTHESIA CONFIRMATION NUMBER:** \_\_\_\_\_

### **CHECKLIST:**

- Faxed Bed Request
- Called Medical Short Stay if indicated
- H & P received by PCP or referring physician
- Post-procedure appt.  (Call Beth Hagan, 88587 state need PPO appt. for NIR)
- Information Letter sent to patient