SURGERY SCHEDULING SHEET -- DR. WALDMAN

WHIDBEY HEALTH MEDICAL CENTER

PATIENT NAME:_____

AGE-SEX-DOB:----------

SURGERY DATE:_____

PROCEDURE:_____

REQUESTED START TIME:_____

PRODUCT REP. TO CALL:_____

WHAT KIND OF TABLE TO USE?:_____

C-ARM NEEDED?:_____

ADMITTED ALREADY?:_____

SPECIAL EQUIPMENT NEEDED?:_____

THANKS! DR. WALDMAN