

## **OPERATING ROOM**

CHANGE CANCELLATION ASC ASU SDA IN-PT FAX 444-6452 FAX 444-1831 FAX 444-1831 FAX 444-1831 DATE OF **CURRENT** O.R. BOOKING NAME AND PHONE OF PERSON SENDING FAX PATIENT NAME DATE OF BIRTH MEDICAL RECORD PHYSICIAN PLEASE MAKE THE FOLLOWING CHANGES ON THE ABOVE BOOKING – **ONLY** FILL IN CHANGES – DO NOT RESTATE INFORMATION ALREADY GIVEN NEW SURGICAL DATE\_\_\_\_\_ TIME ADD INFORMATION LISTED BELOW DELETE INFORMATION LISTED BELOW

<sup>\*\*</sup>PLEASE ALSO FAX CURRENT DATE CHANGES TO PRE-OPERATIVE SERVICES @ 4-9536 **REVISED 10-07-09**