



## PREOP FORM - COVERPAGE

We look forward to your upcoming Pre-operative Visit at Desai Medical Center

Please complete and submit the Preop Form before your visit.

This will help expedite your appointment and reduce physical interactions at the office.

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PDF PAGE #	FORM TYPE	NOTES/INSTRUCTIONS Do not leave any blank responses – put “None” or “N/A”
1	Coverpage	<ul style="list-style-type: none"><li>Outline and instructions for Physical Forms</li></ul>
2	Pre-Operative Form	<ul style="list-style-type: none"><li>Complete “Patient Information” section</li><li>Complete “Surgery Information” section</li></ul>
3	Pre-Operative Form	<ul style="list-style-type: none"><li>Leave for DMC Staff to complete</li></ul>

### Forms should be **filled out electronically**

- Use *Adobe Reader*
  - Open the PDF in Adobe Reader
  - Go to *Tools*
  - Select *Fill & Sign*
- After you complete your forms, make sure to add your name (LAST, First) in the file name when you *Save*

If you do not have Adobe Reader, download it for free, <https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html>

### Forms should be **submitted electronically**

- Use *MedTunnel*
  - Log in to [MedTunnel](#) with your ID and PW
  - Click *Compose Message*
  - In the *To* field – Enter our MedTunnel ID, [DesaiMedicalCenter](#)
    - If it says “No matches found” – ignore it
  - In the *Message* field – Type any message you want to send
  - In the *Attachments* section – Drag and drop the files you want to send
  - Click *Send*

If you do not have a MedTunnel ID, sign up for free, <https://server.medtunnel.com/SignUp.aspx#form1>



## PRE-OPERATIVE FORM

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Who is transporting you to your surgery?

### SURGERY INFORMATION

Type of Surgery: \_\_\_\_\_

*Include body location*

Surgeon's ICD10 Code: \_\_\_\_\_ Surgeon's CPT Code: \_\_\_\_\_

Operating Surgeon: \_\_\_\_\_

*First & Last Name, Credential – Specialty*

Date of Surgery: \_\_\_\_\_ Time of Surgery: \_\_\_\_\_

Surgery Coordinator: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

*Where your pre-op clearance should be sent*

Surgeon's Office: \_\_\_\_\_

*Name and Address*

#### Labs

CBC  CMP  UA  Urine Culture  Pregnancy Test  INR  \_\_\_\_\_

#### Imaging

Chest X-Ray AP Lateral

#### Cardiology Consult

Yes  No

#### COVID-19 Test

DMC  Surgeon's Office

#### Devices

Glasses  Contacts  Dentures  CPAP  Pacemaker  Other: \_\_\_\_\_

#### Allergies

#### Medications

#### Educational Handout

#### Post-Operative Follow-Up Appointment (by Telehealth)



## PRE-OPERATIVE FORM

PAGE 2 TO BE COMPLETED BY STAFF

*If there are any questions, call the surgeon's office before processing*

### **INFORMATION TO HAVE**

- Surgery Coordinator: \_\_\_\_\_
- Phone #: \_\_\_\_\_  Fax #: \_\_\_\_\_
- Surgeon's Office: \_\_\_\_\_
- Phone #: \_\_\_\_\_  Fax #: \_\_\_\_\_

### **CONFIRM**

- COVID Result

### **DOCUMENTS TO SEND**

- History and Physical
- Latest Lab Report
- Additional Lab Report (if necessary)
- Lab Flowsheets (if necessary)
- Office EKG
- Chest X-Ray Report (when applicable)
- Cardiology Consult Report (if applicable)
- Medication and Allergy List
- Patient Care Team

### **AFTER DOCUMENTS ARE SENT**

- Call the Surgery Coordinator to confirm the prep has been received
- Call the Surgeon's Office to confirm prep has been received

*Surgery Coordinator and Surgeon's Office was contacted by phone and they received the full package*

\_\_\_\_\_  
Staff

\_\_\_\_\_  
Date