



Sancta Familia Medical Apostolate
10506 Burt Circle
Omaha, NE 68114-2094
Phone: 402-991-3393 Fax: 402-991-3390

Preoperative History & Physical Request

Patient Name: _____

Patient DOB: _____

****BEFORE PATIENT WILL HAVE HISTORY & PHYSICAL APPOINTMENT, THIS
COMPETED FORM AND YOUR OFFICE NOTE IS REQUIRED TO BE FAXED TO OUR
CLINIC 402/991-3390. THANK YOU.**

****FAILURE TO PROVIDE ALL INFORMATION WILL DELAY THE PREOPERATIVE
RISK ASSESSMENT PROCESS AND POSSIBLY PATIENT'S SURGERY.**

Patient is scheduled with our office for a Preoperative H&P on: _____

Surgeon complete name: _____

Phone number: _____

Fax number (to send preoperative risk assessment): _____

Procedure name: _____

Surgery date: _____

Surgery location: _____

ICD-10 diagnosis code: _____

Preoperative studies required

- CBC BMP CMP PT/INR UA Other
 ECG Chest X-ray

Preoperative Risk Assessment from Specialists (if necessary)

- Cardiology Pulmonology
 Nephrology Other

Form completed by: _____ Date: _____