



Podiatric Surgical Booking Form

Gramercy Surgery Center, Inc
(212) 254-3570 Fax: (866) 249-5146

| | | | | | |
|-----------------|-------------|----------------|------------------|---|--|
| Surgeon: | | Asst. Surgeon: | | Location: <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens | |
| Date Requested: | Start Time: | OR Duration: | Anesthesia Type: | | |

Patient Information

| | | | |
|-----------------|--|---|--|
| Last Name: | | First Name: | |
| Street Address: | | City/State/Zip: | |
| DOB: | | Home Phone: | |
| Cellular Phone: | | Work Phone: | |
| SSN: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| PCP Name: | | PCP Phone: | |
| Email: | | | |

Insurance Information

| | | | |
|---------------------|---------------|------------|-----|
| Primary Insurance | Policy Number | Subscriber | DOB |
| Insurance Phone | Authorization | | |
| Secondary Insurance | Policy Number | Subscriber | DOB |

Primary Procedure Name: Please check all procedures being performed

| | | |
|---|--|--|
| Excision of nail & nail matrix (11750) | Pulse Dye (17110) | |
| Removal of Implant (deep) (20680) | Excision of neuroma (interdigital) (28080) | |
| Excision of Cyst/Ganglion (28090) | Fasciotomy(28108) | |
| Osteotomy, partial excision, 5 th metatarsal head (28110) | Capsulotomy (28270) | |
| Anthroplasty (correction of hammer toe) (28285) | Hallus rigidus correction with cheilectomy, debridement & capsular release of 1 st MTP (28289) | |
| Keller Bunionectomy (28292) | Austin Bunionectomy (28296) | |
| Osteotomy (28299) | Well Osteotomy (28308) | |
| Sesamoidectomy (first toe) (28315) | Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation (28465) | |
| Open treatment of metatarsal fracture, includes internal fixation (28485) | Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation (28525) | |
| Open treatment of tarsometatarsal joint dislocation, includes internal fixation (28615) | Arthrodesis (great toe) (28750) | |
| Amputation of toe (28020) | Endoscopic Plantar Fasciotomy (29893) | |

Other Procedures: _____ CPT Codes: _____

Other CPT (ICD-10): _____ Other Diagnosis : _____

Description: _____

Diagnosis (ICD-10): _____

Supplies/Equipment

Implant: _____ Size: _____ Vendor: _____

| | |
|----------------|--------------|
| Rep. Requested | Name of Rep: |
|----------------|--------------|

Please fax a copy of the front and back of the patient's insurance card.

Person completing form: _____ Phone: _____ Date: _____