

Phone: 03 9304 7315 (BH) Fax: 03 9923 6615

(BH: Mon-Fri 8am to 4pm)

Phone: 03 9318 3177 (AH) Fax: 03 9319 3196

e-mail: theatrebookings@westernprivate.com.au

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					< Submit	only to be clicked and	e all patients have been en	tored				
Surgery Date:					Sublific			<u> </u>				
Surgeon:				Anaesthetist:		Sur	rgeon Assistant:					
List Order	Pa	tient Details			Procedure	Details	Equipment Required/ Alerts	Comments				
	Surname	Address			Procedure		Equipment Required					
Admission Date	DOB Home Phone	Sex			Diagnosis  Item Numbers							
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List Order	Pa	ntient Details			Procedure Details		Equipment Required/ Alerts	Comments				
	Surname		Given Names		Procedure		Equipment Required					
	Address				Diagnosis							
Admission Date	DOB		Sex		Item Numbers							
	Home Phone		Mobile		Length of Stay?	Bed required?						
	Health Fund		Members	hip Number	Pathology/ECG Completed at		If Loan from a supplier					
Op Duration (mins)	Medicare Number	Ref No		Exp Date			Supplier Name					
	Next of Kin		Mobile		Physician Review Completed by			II (Intense Imaging) required?				
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# THEATRE BOOKING FORM

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	Surname		Given Nam	nes	Procedure		E	Equipment Required					
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	Next of Kin		Mobile		Physician Review Completed by			) a alcad )		II (Intense Ima	iging) required?		
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Surgeon:		Anaesthetis									
List Order		Patient Details			Procedure	Details	Equipment F	equired/ Alerts	Comments		
	Surname		Given Nam	ies	Procedure		Equipment Rec	uired			
		Address			Diagnosis		<del> </del>				
Admission Date	DOB			Sex			Item Numbers				
	Home Phone	e		Mol							
		d					Length of Stay?	Bed required?			
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Op Duration	Medicare Number	mber Ref No		nber Ref No Exp Date		Pathology/ECG Completed at	Supplier Name				
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	Surname		Given Nam	ies	Procedure		Equipment Rec	uired			
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Admission Date	DOB		Sex		Item Numbers						
	Home Phone		Mobile								
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	Health Fund		Members	hip Number	Pathology/ECG Completed at		If Loan fro	m a supplier			
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<-- Submit only to be clicked once all patients have been entered **Surgery Date:** Surgeon Assistant: Anaesthetist: Surgeon: **Equipment Required/ Alerts List Order Patient Details Procedure Details** Comments Procedure **Equipment Required** Surname **Given Names** Address Diagnosis Admission DOB Sex Date **Item Numbers** 

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	Home Phone		Mobile		Length of Stay?	Bed required?				
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						Booked?				
List Order	Patient Details  Surname Given Names		Patient Details				Procedure	Equipme	ent Required/ Alerts	Comments
			Procedure	Equipmen	t Required					
	Address	Address  DOB Sex			Diagnosis					
Admission Date				Item Numbers		_				
	Home Phone		Mobile		Length of Stay?	Bed required?	_			
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Op Duration (mins)	Medicare Number	Ref No		Exp Date		Pathology/ECG Completed at		lame		
	Next of Kin		Mobile		Physician Review Completed by				II (Intense Imaging) required?	
							Booked?			



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Surgeon:				Anaesthetist:						
List Order	Pati	ent Details			Procedure	Details	Equipment Requ	ired/ Alerts	Comments	
	Surname		Given Nam	nes	Procedure		Equipment Require	d		
		Address			Diagnosis					
Admission Date	DOB	Sex			Item Numbers					
	lone Phone		Mobile		Length of Stay?	Bed required?				
	Health Fund	Membership Numb		hip Number	Pathology/ECG Completed at		If Loan from a	supplier		
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	Surname	irname Given Names			Procedure		Equipment Require	d		
	Address				Diagnosis					
Admission Date	DOB		Sex		Item Numbers					
	Home Phone		Mobile		Length of Stay?	Bed required?				
	Health Fund		Members	hip Number	Pathology/ECG Completed at		If Loan from a	supplier		
Op Duration (mins)	Medicare Number	Ref No	B.A.a.biila	Exp Date			Supplier Name			
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Surgeon:	Anaesthetist:		Surgeon Assistant:				

List Order	Pat	tient Details			Procedure	Equipme	nt Required/ Alerts	Comments	
	Surname Given Names			Procedure	Equipmen	t Required			
	Address			Diagnosis	-				
Admission Date	DOB Sex		Item Numbers						
			Mobile		Length of Stay?	Length of Stay? Bed required?			
			Pathology/ECG Completed at			from a supplier			
Op Duration (mins)	Medicare Number	Ref No		Exp Date			Supplier N	ame	
	Next of Kin		Mobile		Physician Review Completed by		Booked?		II (Intense Imaging) required?
List Order	Pat	tient Details			Procedure	Equipme	nt Required/ Alerts	Comments	
	Surname		Given Nam	es	Procedure	Equipmen	t Required		
	Address				Diagnosis				
Admission Date	DOB		Sex		Item Numbers				
	Home Phone		Mobile		Length of Stay?	Bed required?	-		
	Health Fund		Members	hip Number	Pathology/ECG Completed at	•	If Loan from a supplier		
Op Duration (mins)	Medicare Number	Ref No		Exp Date	Pathology/ECG Completed at		Supplier Name		
	Next of Kin	<u>'</u>	Mobile		Physician Review Completed by			II (Intense Imaging) required?	
					Booked?				



**Surgery Date:** Surgeon:

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List Order	Pati	ent Details			Procedure Details	Equipment Required/ Alerts	Comments
	Surname	Address	Given Nam	es	Procedure  Diagnosis	Equipment Required	
Admission Date	DOB		Sex		Item Numbers		
	Health Fund		Mobile		Length of Stay? Bed required?		
			Membersh	nip Number	Pathology/ECG Completed at	If Loan from a supplier	
Op Duration (mins)	Medicare Number Ref No			Exp Date		Supplier Name	
	Next of Kin		Mobile		Physician Review Completed by		II (Intense Imaging) required?
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List Order	Pati	ent Details			Procedure Details	Equipment Required/ Alerts	Comments
List Order	Pati Surname	ent Details	Given Name	es	Procedure Details Procedure	Equipment Required/ Alerts Equipment Required	Comments
List Order		ent Details	Given Name	es			Comments
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Admission	Address  DOB	ent Details	Sex Mobile	es nip Number	Procedure  Diagnosis  Item Numbers  Length of Stay? Bed required?		Comments
Admission	Address  DOB  Home Phone	ent Details	Sex Mobile Membersh		Procedure  Diagnosis  Item Numbers	Equipment Required	Comments
Admission Date	Address  DOB  Home Phone  Health Fund		Sex Mobile	nip Number	Procedure  Diagnosis  Item Numbers  Length of Stay? Bed required?	Equipment Required  If Loan from a supplier	Comments  II (Intense Imaging) required?



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Surgeon:		Anaesth			Anaesthetist:	: Surgeon Assistant:					
List Order		Pati	ient Details			Procedure	Details	Equipme	nt Required/ Alerts	Comr	ments
	Surname			Given Nam	nes	Procedure		Equipmen	t Required		
	Address		Address			Diagnosis	-				
Admission	DOB		Sex		-						
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	Address	Pati	ient Details		nes		Details			Comr	ments
List Order  Admission Date		Pati	ient Details	Given Nam	nes	Procedure	Details			Comr	ments
Admission	Address	Pati	ient Details		nes	Procedure  Diagnosis  Item Numbers				Comr	ments
Admission	Address	Pati	ient Details	Sex Mobile	nes	Procedure  Diagnosis	Details  Bed required?	Equipmen	t Required	Comr	ments
Admission Date	Address  DOB  Home Phone  Health Fund	Pati		Sex Mobile	hip Number	Procedure  Diagnosis  Item Numbers		Equipmen	t Required	Comr	ments
Admission	Address  DOB  Home Phone  Health Fund  Medicare Number	Pati	ent Details	Sex Mobile		Procedure  Diagnosis  Item Numbers  Length of Stay?  Pathology/ECG Completed at		Equipmen	t Required		
Admission Date	Address  DOB  Home Phone  Health Fund	Pati		Sex Mobile	hip Number	Procedure  Diagnosis  Item Numbers  Length of Stay?		Equipmen  If Loar  Supplier N	t Required		ments naging) required?
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surgery Date:						- Submit only to be cheed once an patients have been effected							
Surgeon:					Anaesthetist:		Sur	geon Assistant:					
List Order		Pati	ient Details			Procedure	Details	Equipment Rec	quired/ Alerts	Comments			
	Surname	Address			nes	Procedure  Diagnosis		Equipment Requi	red				
Admission Date	DOB		Sex			Item Numbers		_					
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Op Duration (mins)	Medicare Nu			Exp Date		Pathology/ECG Completed at	Supplier Name						
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Surgeon:		Ana										
List Order	Pati	ent Details			Procedure Details		Equipment R	Required/ Alerts	Comments			
	Surname		Given Nan	nes	Procedure	Equipment Req	juired					
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	Address				Diagnosis							
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	Health Fund		Members	hip Number	Pathology/ECG Completed at		If Loan from a supplier					
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Surgeon:

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List Order	Pati	ent Details			Procedure Details	Equipment Required/ Alerts	Comments	
	Surname	Address	Given Nam	es	Procedure  Diagnosis	Equipment Required		
Admission Date	DOB		Sex		Item Numbers			
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Admission	Address  DOB	ent Details	Sex Mobile	es nip Number	Procedure  Diagnosis  Item Numbers  Length of Stay? Bed required?		Comments	
Admission	Address  DOB  Home Phone	ent Details  Ref No	Sex Mobile Membersl		Procedure  Diagnosis  Item Numbers	Equipment Required	Comments	
Admission Date	Address  DOB  Home Phone  Health Fund		Sex Mobile	nip Number	Procedure  Diagnosis  Item Numbers  Length of Stay? Bed required?	Equipment Required  If Loan from a supplier	Comments  II (Intense Imaging) required?	



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Surgeon:					Anaesthetist:		S	Surgeon Assist	ant:	
List Order		Pati	ient Details			Procedure	Details	Equipme	ent Required/ Alerts	Comments
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Date						Item Numbers				
	Home Phon			Mobile		Length of Stay?	Bed required?			
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	Next of Kin			Mobile		Physician Review Completed by				II (Intense Imaging) required?
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List Order		Pat	ient Details		Procedure Details			Equipme	ent Required/ Alerts	Comments
	Surname		Given Names		ies	Procedure		Equipmen	nt Required	
	Address	Address				Diagnosis				
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Admission Date	DOB			Sex		Item Numbers				
	Home Phon	e		Mobile		Length of Stay?	Bed required?			
	Health Fund	<u> </u>		Members	hip Number	Length of Stay.	beu requireu:			
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Op Duration (mins)	Medicare N		Ref No		Exp Date			Supplier N	lame	
	Next of Kin			Mobile		Physician Review Completed by				II (Intense Imaging) required?
								Booked?		



Surgeon:

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	Surname Given Names  Address				Procedure		Equipment Required	
	,	Address			Diagnosis			
Admission Date	DOB		Sex		Item Numbers			
	Home Phone		Mobile		Length of Stay?	Bed required?		
	Health Fund		Members	hip Number	Pathology/ECG Completed at		If Loan from a supplier	
Op Duration (mins)	Medicare Number	Ref No		Exp Date			Supplier Name	
	Next of Kin	of Kin Mobile			Physician Review Completed by			II (Intense Imaging) required?
							Booked?	
List Order	Patient Details							
	Pati	ent Details			Procedure	Details	Equipment Required/ Alerts	Comments
	Surname	ent Details	Given Nam	ies	Procedure Procedure	Details	Equipment Required/ Alerts Equipment Required	Comments
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Admission Date	Surname	ent Details	Given Nam	nes	Procedure	Details		Comments
Admission	Address  DOB  Home Phone	ent Details	Sex Mobile		Procedure  Diagnosis	Details  Bed required?		Comments
Admission Date	Address  DOB  Home Phone  Health Fund	ent Details	Sex Mobile	hip Number	Procedure  Diagnosis  Item Numbers  Length of Stay?		Equipment Required  If Loan from a supplier	Comments
Admission	Address  DOB  Home Phone  Health Fund  Medicare Number	ent Details Ref No	Sex  Mobile  Members		Procedure  Diagnosis  Item Numbers  Length of Stay?  Pathology/ECG Completed at		Equipment Required	
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	Surname Given I			es	Procedure		Equipment Required		
	,	Address			Diagnosis				
Admission Date			Sex		Item Numbers				
	Home Phone		Mobile		Length of Stay?	Bed required?			
	Health Fund		Membersh	nip Number	Pathology/ECG Completed at		If Loan from a supplier		
Op Duration (mins)	Medicare Number	Ref No Exp Date Pathology/ECG Completed at			Supplier Name				
	Next of Kin	Kin Mobile			Physician Review Completed by			II (Intense Imaging) required?	
							Booked?		
List Order	Pati	ent Details			Procedure I	Details	Equipment Required/ Alerts	Comments	
	Surname		rname Given Names		Procedure		Equipment Required		
	Address								
					Diagnosis				
Admission Date	Address DOB		Sex		Diagnosis Item Numbers				
			Sex Mobile			Bed required?			
	DOB		Mobile	nip Number	Item Numbers  Length of Stay?	Bed required?	If Loan from a supplier		
	DOB  Home Phone  Health Fund  Medicare Number	Ref No	Mobile Membersh	nip Number Exp Date	Item Numbers  Length of Stay?  Pathology/ECG Completed at	Bed required?	If Loan from a supplier Supplier Name		
Date Op Duration	DOB  Home Phone  Health Fund	Ref No	Mobile		Item Numbers  Length of Stay?	Bed required?		II (Intense Imaging) required?	



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Surgeo	n:	: Anaesthet		Anaesthetist: Surgeon Assistant:						
List Or	rder	Pati	Patient Details Procedure Details Equ				Equipment Requ	uired/ Alerts	Comments	
	Su	urname		Given Nan	nes	Procedure	Equipment Required			
	Address									
						Diagnosis				
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