

PLEASE ATTACH UPDATED COPY OF ORIGINAL POSTING FOR RESCHEDULES

Surgery Cancellation / Reschedule Form

Patient Name: _____

DOB / MR#: _____

Surgeon(s): _____

Cancel surgery date _____ due to: **(REASON REQUIRED)**

- | | |
|--|--|
| <input type="checkbox"/> Consent issue | <input type="checkbox"/> Per parent / guardian |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Per surgeon / provider |
| <input type="checkbox"/> Facility issue (equipment, weather, staffing, etc.) | <input type="checkbox"/> Reason for surgery resolved |
| <input type="checkbox"/> Family member sick | <input type="checkbox"/> Surgeon unavailable |
| <input type="checkbox"/> Insurance issues | <input type="checkbox"/> To be done at another CHKD facility |
| <input type="checkbox"/> No show / couldn't reach family | <input type="checkbox"/> Transportation issue |
| <input type="checkbox"/> NPO violation | <input type="checkbox"/> Other: (must specify) _____ |
| <input type="checkbox"/> Patient not cleared for anesthesia | |
| <input type="checkbox"/> Patient sick | |

Surgery reschedule date (if applicable): _____ @

☐ Main OR ☐ Oyster Point ☐ Concert Drive

You must submit this form via email for all cancellations and rescheduling of surgeries.

Form completed by _____

Date _____

(This section to be used by OR schedulers only)

- | | |
|--|--|
| <input type="checkbox"/> Chelsea Leber (Chelsea.Leber@chkd.org) | <input type="checkbox"/> Subrina Brackett (Subrina.Brackett@chkd.org) |
| <input type="checkbox"/> Joanna Spencer (Joanna.Spencer@chkd.org) | <input type="checkbox"/> LeeAnn Kohl (LeeAnn.Kohl@chkd.org) |
| | <input type="checkbox"/> Marli James (Marlene.James@chkd.org) |

Date completed: _____