

NTA Division of Excel Anesthesia
Phone: 214-369-9100 Fax: 214-378-5323

Date of Surgery: _____ Surgeon: _____ Today's Date: _____

Start Time: _____ Facility: _____ DOB: _____ Sex: _____

First Name: _____ Last Name: _____

Procedure: _____

CPT/ICD-9 CODE(S): _____ DS _____ SDA _____ In-Pt / Rm # _____

Patient Home Number: _____ Patient Mobile Number: _____

Length of Procedure: _____ Insurance: _____ Self Pay: _____

Poster: _____ **Fax** _____ Caller: _____ Office Number: _____

PLEASE FAX BACK CONFIRMATION TO: _____

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