

Main Office:

Rick A. Shacket  
Office: 602.492.9919 Mobile: 602.920.1023

RICK A SHACKET  
DO, MD(H)



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## PLACE OF PROCEDURE



**Warner Park Surgery Center**  
604 W Warner Rd.  
Chandler, AZ 85225  
480) 899-2571

Your surgery is scheduled on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

If you do not have a scheduled time written above, and you do not get a call from us within five working days, please call Dr. Shacket's office to schedule your procedure.

**Scheduling Number (602) 492-9919**

Provider:

Rick A. Shacket BS9262611

3543 N. 7th Street, Phoenix AZ 85014

Office: 602.263.8484 Mobile: 602.920.1023

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**SURGERY PRESCRIPTION SLIP – PAGE 1**

**Colonoscopy**

**Diagnosis:**

- Colon Cancer Screening > Age 45 African American & Age 50 All Others
- Gastrointestinal Bleeding (occult or obscure)  Rectal Bleeding
- Abdominal Pain with: loss of weight or appetite, perianal disease, ↑ ESR , ↑ CRP
- Hx of Colon Cancer  1<sup>st</sup> Family Hx of Colon Cancer
- Hx Colon Polyps (adenoma)  1<sup>st</sup> Family Hx Colon Polyps (adenoma)
- Change in Bowel Habits – Constipation or Watery Diarrhea
- Surveillance of Crohn’s Disease  Surveillance of Ulcerative Colitis

**Scheduled Colonoscopy on:** \_\_\_\_\_ @ \_\_\_\_\_ **Time:**  30 min  45 min

**EGD**  Schedule Same Day as Colonoscopy

**Diagnosis:**

- Heartburn or GERD Despite Appropriate Drug Trial
- Heartburn or GERD with Anorexia or Weight Loss
- Gastrointestinal Bleeding (occult or obscure)  Persistent Vomiting
- Upper Abdominal or Periumbilic Pain  Persistent Nausea
- Hx of long-term anti-coagulation, or NSAID Therapy
- Anemia - Iron Deficiency or pernicious
- Surveillance of Barrett's Esophagus  Surveillance of Adenomatous Gastric Polyps
- Familial Adenomatous Polyposis Syndromes  Dysphagia  Odynophagia

**Scheduled EGD on:** \_\_\_\_\_ @ \_\_\_\_\_ **Time:**  15 min  30

**Surgery**

- Diagnosis:**  Abscess  Condyloma Anal  Condyloma Genital  Enlarged Papillae
- Enlarged Tags  Fissure  Fistula  Hemorrhoids  Prolapse  Stenosis  Spasm
- Pilonidal Cyst  Other:

**Scheduled Surgical Repair of Above on:** \_\_\_\_\_ @ \_\_\_\_\_

**Time:**  15 min  30 min  45 min  60 min

**Standard Pre-operative Instructions & Rx Given to Patient:**  Yes  No

**Standard Post-operative Instructions & Rx Given to Patient:**  Yes  No

**Signature of Prescribing Physician:** \_\_\_\_\_

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**SURGERY PRESCRIPTION SLIP – PAGE 2**

**Provider Name:** Dr. Rick Shacket

**Scheduling Office Contact:** Ashley

**Benefits Verified:** Date: \_\_\_\_\_ Contact: \_\_\_\_\_

**Colonoscopy Case:** \_\_\_\_\_ **EGD Case:** \_\_\_\_\_ **Surgery Case:** \_\_\_\_\_

**Ins. Eff. Date:** \_\_\_\_\_ **Auth Colon/EGD#** \_\_\_\_\_ **Auth Surgery#** \_\_\_\_\_

**Medical Records Faxed to:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deductible:** \$ \_\_\_\_\_ **Met:** \$ \_\_\_\_\_ **Coinsurance:** \$ \_\_\_\_\_

**Out of Pocket Max** \$ \_\_\_\_\_

- Cash Patient:** needs a price quoted for facility + Sedation before scheduling. PLEASE, patient has limited means and needs to know the costs before deciding.
- Patient is covered by medical/health insurance.** Needs to know what his maximum out-of-pocket facility cost can be before deciding to schedule.

**Notes:** \_\_\_\_\_

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