

Pre-OP CALL LIST

Office Name _____ Coordinator _____

1. Patient Name _____ Account # _____
Telephone #1 _____ Telephone #2 _____
Best time of day to call _____
Procedure _____
Comments/special instructions _____
Total\$ expected _____

2. Patient Name _____ Account # _____
Telephone #1 _____ Telephone #2 _____
Best time of day to call _____
Procedure _____
Comments/special instructions _____
Total\$ expected _____

3. Patient Name _____ Account # _____
Telephone #1 _____ Telephone #2 _____
Best time of day to call _____
Procedure _____
Comments/special instructions _____
Total\$ expected _____

4. Patient Name _____ Account # _____
Telephone #1 _____ Telephone #2 _____
Best time of day to call _____
Procedure _____
Comments/special instructions _____
Total\$ expected _____

5. Patient Name _____ Account # _____
Telephone #1 _____ Telephone #2 _____
Best time of day to call _____
Procedure _____
Comments/special instructions _____
Total\$ expected _____