

Gynaecology Ambulatory Procedure Unit Pre-Procedure Information Checklist / Cover Sheet

Patient Name: _____

DOB (dd/mm/yyyy): _____

Health Card Number: _____ Version Code: _____

Referring Gynaecologist: _____

Surgeon's office to complete and send to Niagara Health by fax or drop off at 4th Floor Endoscopy/Ambulatory Procedure Unit

- As soon as the booking is submitted to BCS
- Minimum of 5 business days prior to ambulatory procedure

<input type="checkbox"/> Consent to Treatment (CONS1)
<input type="checkbox"/> Anaesthesia Questionnaire (OR2)
<input type="checkbox"/> History and Physical (DR2)
<input type="checkbox"/> Copy of Lab Requisition (Tests Ordered) OR <input type="checkbox"/> No Lab Tests Required
<input type="checkbox"/> Gynaecology Ambulatory Procedure Order Set (ORD327) – Page 1 and 2, signed

<input type="checkbox"/> SCS Fax: (289) 398-1053
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****Please complete COVID-19 Screening Form (REF44) per NH Guidelines****