



Surgical Scheduling (Posting)
(Fax: 443-843-6043)

PROCEDURE CHANGES OR CANCELLATION NOTIFICATION

UM UCMC OR UM HMH

PLEASE CIRCLE FACILITY

| | |
|----------------------------|-------------------------|
| DATE OF SURGERY: | TIME OF SURGERY: |
| SURGEON: | |
| PATIENT: | DATE OF BIRTH: |
| SURGERY: | |
| REASON: | |
| REQUESTOR: | |
| OFFICE TELEPHONE #: | |
| OFFICE FAX #: | |

If you are not moving the case to another day at time of cancellation, this form must be completed and faxed to surgical scheduling (443-843-6043).

Additional information: _____

If you have any questions please call: 443-843-6540. Thank you.