



Washington University in St. Louis

SCHOOL OF MEDICINE

Department of Obstetrics & Gynecology
Division of Minimally Invasive Gynecologic Surgery

Additional Proctoring Days Now Available!

Effective 10.11.22

Dear Physician & surgery coordinators,

Our office is writing to inform you that our newest partner, Dr. Katherine de Souza, will be offering proctoring on Mondays. Dr. Biest's proctoring days will still be on Tuesdays and Wednesdays and Dr. Bardawil will be offering proctoring on Thursdays. To get your surgeries scheduled efficiently, it's important that the surgery coordinators makes sure **both** doctor and patient are available for the preferred dates prior to submitting the request. Per Missouri Baptist OR, CPT codes must be included for the surgery to be scheduled.

We always do our best to schedule on or as close to one of the preferred dates. If you do need to reschedule your patient's surgery date, we ask that you resubmit the original request form (with the unwanted date) and write "*need to reschedule*" on the sheet. For fairness sake, those needing to reschedule will have to go to the end of the line for a new date.

We are happy to answer any questions you may have and look forward to working with you more in the future.

Sincerely,

Latrice Dixon

Latrice Dixon

**WASHINGTON UNIVERSITY
MINIMALLY INVASIVE GYNECOLOGIC SURGERY
PROCTORED SURGERY SCHEDULING FORM**

Please fax to Latrice at 314-362-3335 with a cover sheet.
We will contact you within 5-7 business days. If it has been more than 7 business days, please call us at 314-747-5470.

Please make sure handwriting is legible - Thank you!

* = Indicates mandatory field

PATIENT INFORMATION			
PATIENT NAME (last, first, M.I):*			SSN: *
Date of birth:*		Contact #: * ()	
Insurance name:*	ID #:*	Group #:*	
Surgeon:*			
Indication:*			
Procedure/CPT code:*			
Case length:			
Patient height:*		Weight:*	BMI:*
Clinical uterine size:*		Uterine measurement on US:*	
Radiologic evidence of an endometrioma:*		Known history of stage 4 endometriosis:*	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Planned morcellation: * <input type="checkbox"/> Yes, list endometrial biopsy date & results:			<input type="checkbox"/> No
Please fax any pertinent records			

SURGICAL HISTORY		
	If yes, please list type(s) *	Date *
Prior abdominal surgery(s) incldg cesarean sections* <input type="checkbox"/> No <input type="checkbox"/> Yes		
Abdominal mesh* <input type="checkbox"/> No <input type="checkbox"/> Yes		
Latex allergy * <input type="checkbox"/> No <input type="checkbox"/> Yes	n/a	n/a

Preferred surgeon: <input type="checkbox"/> Dr. Biest (Tues/Wed) <input type="checkbox"/> Dr. Bardawil (Thurs) <input type="checkbox"/> Dr. de Souza (Mon) <input type="checkbox"/> First available
Available surgery dates for both PATIENT and SURGEON - Please give 4* options below

REQUESTING OFFICE INFORMATION		
Contact name:*	Phone: * ()	Fax: * ()

I have filled out and personally reviewed the scheduling sheet*. _____
Requesting Physician's signature

FOR WU MIGS OFFICE USE ONLY SURGERY CONFIRMATION	
Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Case #:	
Your office is responsible for scheduling the required pretesting prior to surgery. Please call (314) 996-5187 option 2	
Action Items - Please schedule checked items	
<input type="checkbox"/> Office exam needed for before surgery	<input type="checkbox"/> Endometrial biopsy needed
<input type="checkbox"/> Full referral needed (WU MIGS will be the primary surgeon)	<input type="checkbox"/> Ultrasound needed

Minimally Invasive Gynecologic Surgery
4901 Forest Park Ave., Suite 710, St. Louis, MO 63108
314-747-5470 | 314-362-3335 | obgyn.wustl.edu

fax

TO:		FROM:	
FAX:	314-362-3335	PAGES:	
PHONE:	314-747-5470	DATE:	
RE:		CC:	

New Patient Paperwork Other

Comments:

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