ASC Exception Form

Patient: _____
Surgeon: _____
Procedure: _____
Procedure Date: _____

This procedure could not be booked at ASC due to:

- ☐ **Insurance (list type):_____**
- ☐ **Procedure type: _____**
- ☐ **Medical high-risk (cardiac, etc.):_____**
- ☐ **BMI > 40**
- ☐ **Known Difficult Intubation**
- ☐ **Surgeon Preference: _____**
- ☐ **Patient Preference: _____**
- ☐ **Schedule Time Not Available**
- ☐ **Known Malignant Hypothermic**
- ☐ **Other:_____**

Please fax this form back to xxx-xxx-xxxx
No cover necessary

Source: Ambulatory Surgical Centers of America, Hanover, MA.