Urgent Surgery Request Form

Effective Thursday, March 19, 2020, all surgeries at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of facility) not meeting one of the following criteria will be postponed until further notice:

* Acute Infection

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* Acute trauma whose condition would significantly worsen without surgery

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* Potential malignancy

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* Uncontrollable pain that would otherwise require a hospital admission

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* A condition whose prognosis would significantly worsen with a delay in treatment

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By signing below, I attest that this procedure meets the above noted criteria:

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_