**BRAEMAR HOSPITAL THEATRE BOOKING LIST** 

**Please email form to:*****bookings@braemarhospital.co.nz*****by 5pm on the Wednesday of the week prior to the procedure**

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| **SURGEON:** | **DATE:** | **START TIME:****(NB: Team brief 15mins prior)** | **ANAESTHETIST: ASSISTANT:** |
| PATIENT DETAILS: | ARRIVAL TIME / GP DETAILS: | PROCEDURE DETAILS: | SURGEON REQUIREMENTSie; EQUIPMENT/ SPECIALIST CONSUMABLE/ POSITIONING  | PATIENT NEEDSDISABILITIES / ALLERGIES |
| NameAddressPhoneDOBEmailNHIACC/Private /SX Daystay/No of nights |                                          | Arrival Time:     GP Details:       |      Anaesthetic type:Expected length of procedure:     Special Care required?      |      II Confirmed: Yes/NoII Provider: |       |
| NameAddressPhoneDOBEmailNHIACC/Private /SX Daystay/No of nights |                                          | Arrival Time:     GP Details:       |      Anaesthetic type:Expected length of procedure:     Special Care required?      |      II Confirmed: Yes/NoII Provider: |       |
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**PLEASE ENSURE ANY AMENDMENTS OR CANCELLATIONS ARE CLEARLY STATED. When calculating procedure time, please ensure anaesthetic / turn around time considered.**