

REQUEST FOR AMBULATORY PROCEDURE VISIT (ELECTIVE) SURGERY

Date _____

From: _____

To: _____

Subj: APV (ELECTIVE) SURGERY IN THE CASE OF _____

1. Parent command must approve Ambulatory Procedure Visit (APV) (elective) surgical procedures which might require hospitalization or result in multiple lost workdays. This form should be completed 30 days ahead of the procedure whenever possible. In the interest of medical readiness, requests submitted less than 30 days prior to anticipated procedure may be reviewed on a case by case basis. If convalescent leave is involved, a completed and approved leave request form, NAVCOMPT Form 3065; with blocks 14 and 15 left blank should accompany this form. If the parent command disapproves the procedure and/or leave request, the member must notify the practitioner who ordered the APV for further care and treatment planning.

2. Subject member is recommended for elective surgery on: _____

3. For the following (APV) (elective) Surgical Procedure: _____

4. Estimated length of hospital stay if admitted: _____

5. Estimated period of convalescent leave: _____

6. Estimated period of sick in quarter (SIQ) if not admitted: _____

7. Are you currently negotiating for orders? (CCC) _____ Yes or No

8. Are you currently a primary or alternate for deployment? (POMI) _____
Yes or No

9. The timing of this surgery has been recommended by the member's surgeon, but requires Command Authorization for scheduling.

(Signature of Attending Surgeon)

Comments/Remarks EAOS: PRD: _____

Recommended/Not Recommended Patient Administration _____

Recommended/Not Recommended LCPO _____

Recommended/Not Recommended Dept Head _____

Recommended/Not Recommended Director/OIC _____

Recommended/Not Recommended Executive Officer _____

Approved/Disapproved Commanding Officer _____

(Form will be returned to Patient Administration to be filed)