



Request for Over-Age Procedure

ALL FIELDS MANDATORY FOR APPROVAL

Please fill out the following request and e-mail to Danielle Spillman at dspillman@etch.com to obtain approval.

Patient Name:	Patient Date of Birth:
Patient Diagnosis(es):	Procedure:
Date of Request:	Intended Date of Procedure:
Physician Requesting:	Request Prepared By:
Select Appropriate Reason:	<input type="checkbox"/> An established patient (i.e. has received care from the same provider or service in the past two (2) years) past their twenty-first (21st) birthday, not yet transitioned to adult care, and would best benefit from performance of the procedure by surgical specialists at ETCH; <input type="checkbox"/> Procedure is uniquely available at ETCH; <input type="checkbox"/> Turning twenty-one (21) during a current admission <input type="checkbox"/> Prior surgical procedure(s) at ETCH related to the requested procedure <input type="checkbox"/> Significant urgency, medical need, or unusual circumstance
Please describe the plan for transitioning this patient to adult care:	
Date approved by CMO:	