

SPECIAL REQUEST

surgeryschedulers@henrymayo.com

*Patient Name: _____

*Date of Surgery: _____

*Date of Birth: _____

Positioning Devices

- Stirrups
- Alvarado Knee Holder
- Wilson Frame
- Chest Rolls
- Mayfield Horseshoe
- Mayfield Skull Pins
- Arthrex Trimano Beach Chair/Shoulder Positioner
- Beach Chair
- Other _____

Services Requested

- Intra-operative monitoring
- Cell saver
- Laser (list type of laser below)
- ESWL
- Meta
- CUSA
- Intra-operative ultrasound
- Other _____

Equipment Requested

Table _____

C-arm _____

Microscope _____

Other _____

Vendor Requests

Company _____

Vendor Name _____

Contact Number _____

Other Requests (including specific sizes/specific set names):