**Denominator for Custom Procedure**

| Page 1 of 1 | | | | \*required for saving | | |
| --- | --- | --- | --- | --- | --- | --- |
| Facility ID: | | | | Procedure #: | | |
| \*Patient ID: | | | | Social Security #: | | |
| Secondary ID: | | | | Medicare #: | | |
| Patient Name, Last: | | | First: | | Middle: | |
| \*Gender: F M Other | | | | \*Date of Birth: | | |
| Ethnicity (Specify): | | | | Race (Specify): | | |
| Event Type: PROC | | | | \*Custom Procedure Code: | | |
| \*Date of Procedure: | | | | ICD-10-PCS or CPT Procedure Code: | | |
| **Procedure Details** | | | | | | |
| Outpatient: Yes No | | | | \*Duration: \_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes | | |
| \*Wound Class: C CC CO D | | | | \*General Anesthesia: Yes No | | |
| ASA Score: 1 2 3 4 5 | | | | \*Emergency: Yes No | | |
| \*Trauma: Yes No | \*Scope: Yes No | | | \*Diabetes Mellitus: Yes No | | |
| \*Height: \_\_\_\_\_\_feet \_\_\_\_\_\_\_inches | | | | \*Closure Technique: Primary Other than primary | | |
| (choose one) \_\_\_\_\_\_\_\_meters  \*Weight: \_\_\_\_\_\_\_\_lbs/kg (circle one) | | | | Surgeon Code: \_\_\_\_\_\_\_\_\_\_ | | |
| **Custom Fields** | | | | | | |
| Label | | | | Label | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_/\_\_\_\_/\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | |  | | |
| **Comments** | | | | | | |
|  | | | | | | |
| Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).  CDC 57.122 v8.5 | | | | | | |