



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* EYE SURGICAL CENTER OF FORT WAYNE

*Street Address:* 321 E. Wayne Street

*City:* Fort Wayne

*County:* Allen

*ASC Web Address:* drparent.com

*Fiscal Year:* 2012

*Accredited:*  Yes  No

*Name of Accrediting Body:* AAAHC

*Deemed Status:*  Yes  No

*Corporate Tax Status:*  For Profit  Non Profit

### II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	0

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2153	2153
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	999	
66821	579	
66982	479	
66999	46	
66710	43	
66170	40	
66625	35	

66850	15
66740	12
67850	9

#### **IV. Outcomes from Surgical Procedures**

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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