



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: EYE SURGICAL CENTER OF FORT WAYNE

Street Address: 321 E. Wayne St

City: Fort Wayne

County: Allen

Administrator Name: Dr. J. Rex Parent

Administrator Email: jrparent@eyecenteroffortwayne.com

ASC Web Address: Drparent.com

Fiscal Year: 2013

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	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	904	1370
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	777	
66821	458	

66982	138
66999	28
66850	16
67036	4
883051	2
66170	1
66740	1
66625	1

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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