

Preoperative Checklist

Write legibly and do not use abbreviations

Today's Date: _____

Patient First Name: _____ Last Name: _____

Identifier 1: _____ Identifier 2: _____

Surgeon Name: _____ Date of Surgery: _____

Patient Information *(please check/circle when completed)*

- Patient correctly identified Patient identifier: _____
- Procedure to be performed: _____ Surgical consent form completed
- Copy of living will/advance directives on chart: Yes / No
- Consent includes side: __ Left __ Right __ Bilateral __ N/A
- Preoperative instructions provided to patient or patient's legal representative: Yes / No

Medical Documentation *(please check when completed)*

- History and physical attached Physician's orders attached
- History and physical identifies side: __ Left __ Right __ Bilateral __ N/A
- Pathology/laboratory studies completed
- Radiologic studies, identify side/site if applicable: _____
- EKG completed
- Other tests completed: _____

Surgical Information *(please check/circle when completed)*

- Time of surgery verified Surgical procedure verified
- Surgical site verified Surgical side: __ Left __ Right __ Bilateral __ N/A
- Surgical position verified
- Positioning device required: Yes / No
- Implants/other instrumentation verified If Yes, specify : _____

Comments:

Information taken by scheduling staff:	Name <i>(please print)</i> : _____
	Signature: _____
	Date: _____ Time: _____

This form is provided as a sample only and is not meant to be used as is.