

SURGERY CHECK LIST – For office use

NAME:

TYPE OF SURGERY:

DOB:

SURGICAL DATE:

CONTACT NUMBER(S):

Before Surgery:

- Pre-operative medical clearance
- Cardiac Clearance
- Labs
- Schedule physical therapy
- Anesthesia consult
 - Rheumatoid
- Pain management specialist
- Stop Medications
 - Coumadin, Asprin, Plavix
- Diabetes
 - First Case
 - Medications morning of surgery
- Post-op equipment
 - CPM
 - Brace
 - Ice machine

Operative Needs

Position:

Anesthesia:

Equipment:

Bone Graft:

Day of Surgery

- Physical therapy script
- Medication Scripts
 - Pain
 - Nausea
 - Deep vein thrombosis prophylaxis
- Discharge Instructions

Reps to Contact:

After Surgery

- Follow up Appointment
- Physical therapy