

PATIENT'S IDENTIFICATION	SURGICAL CHECKLIST														
UNIT/ROOM/BED															
INSTRUCTIONS: INITIAL OR MARK N/A IF NOT APPLICABLE															
CLINICAL RECORDS															
SF 515 - TISSUE EXAMINATION					PRE-OP COUNSELING TO PATIENT										
SF 516 - OPERATION REPORT					A. M. CARE/PREP										
SF 517 - ANESTHESIA					VALUABLES AND JEWELRY REMOVED										
SF 518 - BLOOD TRANSFUSION _____ UNITS					HAIRPINS, MAKEUP, NAILPOLISH REMOVED										
SF 522 - OPERATIVE PERMIT <i>(Signed and Witnessed)</i>					DENTURES/BRIDGE REMOVED										
SF 509 - PROGRESS NOTE <i>(Contains physician's informed consent)</i>					CONTACT LENSES/GLASSES, GLASS EYE, HAIRPIECE, PROSTHESIS REMOVED										
BLOOD TRANSFUSION CONSENT					VOIDED <i>(Specify time) @</i>										
MEDICATION ADMINISTRATION RECORD															
IV FLOW SHEET					ENEMA <i>(If ordered)</i>										
HISTORY AND PHYSICAL					ID/ALLERGY BAND(S) ON NON-OPERATIVE ARM (LEGIBLE)										
SF 511 - T.P.R. GRAPHIC															
NURSES NOTES					INPATIENT IDENT PLATE ON CHART TO OR										
DOCTORS ORDERS															
X-RAY <i>(ONLY the required)</i>					NPO SINCE:										
REPORTS															
FILMS					PRE-OP MEDICATION <i>(Specify kind and time administered)</i>										
LABORATORY REPORTS <i>(ONLY the required)</i>					NO		YES <i>(see Medication Record)</i>								
HEMATOLOGY															
URINE															
EKG															
<i>(Prior to pre-op medication)</i>					CATHETER IN PLACE										
T		P		R		BP		WT	YES		NO		CLAMPED		TO DRAINAGE
KNOWN ALLERGIES															
COMMENTS															
DATE AND TIME RELEASED TO OR:															
SIGNATURE OF NURSE RELEASING PATIENT TO OPERATING ROOM															