

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		ENEMA <i>(If ordered)</i>			
IV FLOW SHEET		ID/ALLERGY BAND(S) ON NON-OPERATIVE ARM (LEGIBLE)			
HISTORY AND PHYSICAL		INPATIENT IDENT PLATE ON CHART TO OR			
SF 511 - T.P.R. GRAPHIC		NPO SINCE:			
NURSES NOTES		PRE-OP MEDICATION <i>(Specify kind and time administered)</i>			
DOCTORS ORDERS		NO			YES <i>(see Medication Record)</i>
X-RAY <i>(ONLY the required)</i>		CATHETER IN PLACE			
REPORTS		YES			
FILMS		NO			
LABORATORY REPORTS <i>(ONLY the required)</i>		CLAMPED			
HEMATOLOGY		TO DRAINAGE			
URINE					
EKG					
<i>(Prior to pre-op medication)</i>					
T		P		R	
				BP	
				WT	
KNOWN ALLERGIES					
COMMENTS					
DATE AND TIME RELEASED TO OR:					
SIGNATURE OF NURSE RELEASING PATIENT TO OPERATING ROOM					