



<b>PATIENT'S IDENTIFICATION</b>	<b>SURGICAL CHECKLIST</b>																
UNIT/ROOM/BED																	
INSTRUCTIONS: INITIAL OR MARK N/A IF NOT APPLICABLE																	
<b>CLINICAL RECORDS</b>																	
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	
<b>KNOWN ALLERGIES</b>																	
<b>COMMENTS</b>																	
DATE AND TIME RELEASED TO OR:																	
SIGNATURE OF NURSE RELEASING PATIENT TO OPERATING ROOM																	