

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																	