

## SURGERY CHECKLIST

	OPERATIVE REPORT
	HISTORY AND PHYSICAL
	PRE-OP ORDERS
	PATIENT INFORMATION
	SURGERY INFO & INSTRUCTIONS
	PATIENT INFORMED OF DOCTOR'S SURGERY CENTER OWNERSHIP
	POST OP APPT.
	MEDICAL CLEARANCE APPT.
	SIGNED SURGERY CONSENT
	FLOW SHEET
	AUTH FOR SURGERY
	AUTH# _____
	LOP ON FILE
	BILLED
	DATE _____

**REPS & SUPPLIES NEEDED**

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		REP CALLED
		REP CALLED
		REP CALLED
		REP CALLED
		REP CALLED