

<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					