

Patient Surgery Readiness Checklist

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

Surgeon: [Insert Surgeon Name]

Checklist

- Confirm surgery date and time
- Review pre-operative instructions
- Complete all necessary paperwork
- Arrange for post-operative care
- Discuss anesthesia options with anesthesiologist
- Validate any allergies or medical conditions
- Confirm arrival time at the surgical facility
- Follow fasting instructions (if applicable)
- Notify the medical team of any last-minute changes
- Ensure transportation is arranged for after surgery

Important Contact Information

For any questions, please contact:

Surgery Coordinator: [Insert Contact Info]

Nurse Line: [Insert Contact Info]

Patient Acknowledgment

I, [Patient Name], confirm that I have completed the above checklist and understand the preparations needed for my surgery.

Signature: _____

Date: _____