



Surgical Chart Checklist

Patient Name: _____

Surgical Procedure: _____

Hospital Location: _____ Surgery Date: _____

Pre-Op Appt. Date: _____ Post-Op Appt. Date: _____

Physician Folder

- Surgery Reservation/Order Form
- Pre-Op Testing (CXR/EKG/Labs)/Clearance/Other: _____
- Imaging: X-Ray/MRI/CT Scan/Other: _____
- Reports: MRI/CT Scan/Infection Labs/Other: _____
- Office Note/Previous Operative Report(s)
- DME: Crutches/TROM/Immobilizer/Ultrasling/Arm Sling
Cryotherapy/DVT Pump/Other: _____

Blue Patient Folder

- Post-Operative Instructions
- Post-Operative Pain Prescriptions
Narcotic/Tramadol/Celebrex/Stool Softener/Eliquis/ABX
- Outpatient Post-Operative Physical Therapy Order

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 Dr. Steven G. Bardfield
 Dr. Brian J. Burgess
 Dr. Giridhar Burra
 Dr. Nikhil K. Chokshi
 Dr. Steven C. Chudik
 Dr. Michael J. Collins
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 Dr. Evan A. Dougherty
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