COVERSHEET
SURGERY CHECKLIST

Scheduling Office: 907.264.2050 | Fax: 866.605.9602 PAT: 907.264.2055 | Pre-Op: 907.264.1960

PATIENT_____DATE OF SURGERY_____

SURGEON _____

- o SCHEDULING FORM
- o SURGEON'S CHART NOTE WITH INDICATIONS FOR SURGERY
- o CONSENTS
- o EKG
- o CHEST X-RAY

H&P

- o Dictated
- o Paper copy faxed

LABS (check all that apply)

- o To be done at ARH
- o Results faxed

PHYSICIANS ORDERS (check all that apply)

- o Entered into EPIC
- o Paper order faxed

CARDIAC/PULMONARY

- o Echo
- o Pacemaker/Interrogation Info.
- o Medical Clearance

- o PATIENT INSTRUCTED
    1. Where to check-in
    2. What time to check-in

Date missing information will be faxed _____Total Pages_____

Office Staff_____Phone_____