



SURGICAL CHECKLIST

Surgery: _____

Date of Surgery: _____

Location: ☐ Henry Ford Rochester Hospital ☐ MIAS

The following is a checklist you **MUST** complete before surgery:

- Labs to be done anytime after: ____ \ ____ \ ____ At ____: ____ AM PM
- Pre-Operative Appointment: ____ \ ____ \ ____ At ____: ____ AM PM
- Post-Operative Appointment: ____ \ ____ \ ____ At ____: ____ AM PM

Please obtain Medical Clearance from the Following Doctors:

☐ PCP ☐ Cardio ☐ Other _____

***Labs and Clearances must be into our office by your Pre-Operative appointment
Or surgery will be cancelled***

Medical Clearance: The form will be faxed to you doctors, it is your responsibility to contact your doctor to see if they need to see you to sign the clearance form. Please have the doctor fax the form to us.

Fax: 248.484.2127

Labs: The labs must be completed at Henry Ford Rochester Hospital outpatient lab (unless discussed at the time of scheduling). No appointment is necessary.

Health History: Henry Ford Rochester pre-admission department will be contacting you prior to surgery for pre-operative instructions. You should expect this call 1-2 weeks prior to surgery.

Pre-operative appointment: You will need a pre-operative appointment prior to surgery to review clearances and labs. You will receive your post-operative medication prescriptions. This visit is also to answer any other questions you have before surgery. This appointment is **MANDATORY** and surgery will be rescheduled or cancelled if the appointment is missed for any reason.

If you have any questions regarding the information above, please contact us directly

Rachael Anderlie 248.484.2127