

**NEURO SPINE SURGERY REQUEST CHECKLIST**

PHYSICIAN:	ASSISTANT:
PROCEDURE:	
PATIENT:	PATIENT AGE/WEIGHT
SURGERY DATE:	TODAY'S DATE:

<p style="text-align: center;"><b>POSITION</b></p> <input type="checkbox"/> SUPINE <input type="checkbox"/> PRONE <input type="checkbox"/> LATERAL <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> ANTERIOR/POSTERIOR <input type="checkbox"/> THORACOTOMY APPROACH <input type="checkbox"/> ABDOMINAL APPROACH	<p style="text-align: center;"><b>TABLE</b></p> <input type="checkbox"/> ELECTRIC BED <input type="checkbox"/> OSI JACKSON FRAME <input type="checkbox"/> VELCRO BOARD <input type="checkbox"/> WILSON FRAME <input type="checkbox"/> OSI,RADIOLUCENT <input type="checkbox"/> FEM POP BOARD <input type="checkbox"/> TOWER TABLE	<p style="text-align: center;"><b>BONE GRAFT</b></p> <input type="checkbox"/> DONOR SITE _____ <input type="checkbox"/> ALLO GRAFT _____ <input type="checkbox"/> AUTOGRAFT <input type="checkbox"/> OTHER <input type="checkbox"/> HEALOS <input type="checkbox"/> SYMPHONY <input type="checkbox"/> TISSEEL
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**PATIENT CARE**

FOLEY  
  ART LINE  
  CVP  
  FIBEROPTIC INTUBATION  
  CELL SAVER

**EQUIPMENT**

<input type="checkbox"/> C-ARM <input type="checkbox"/> FLAT PLATE X-RAY <input type="checkbox"/> BEAN BAG <input type="checkbox"/> EP/EMG <input type="checkbox"/> MICROSCOPE	<input type="checkbox"/> SAND BAG <input type="checkbox"/> MAYFIELD TONGS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**POWER/INSTRUMENTS**

<input type="checkbox"/> MIDAS REX <input type="checkbox"/> STRYKER CORDLESS, 4200 <input type="checkbox"/> MICRO AIRE IMPACTOR	<input type="checkbox"/> MICRO 100 <input type="checkbox"/> STRYKER SYSTEM 5(BONE MILL) <input type="checkbox"/> STRYKER CORE SYSTEM
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**IMPLANTS/INSTRUMENTS**

<input type="checkbox"/> ACROMED ISOLA <input type="checkbox"/> ACROMED VSP <input type="checkbox"/> ACROMED MONARCH <input type="checkbox"/> ACROMED TITANIUM <input type="checkbox"/> ACROMED PEDIATRIC SPINE <input type="checkbox"/> HARMS CAGES <input type="checkbox"/> SYNTHES SPINE <input type="checkbox"/> SYNTHES CSLP	<input type="checkbox"/> DANEK VERTEX <input type="checkbox"/> DANEK M-8 <input type="checkbox"/> DANEK ZEPHIR <input type="checkbox"/> DANEK M-10 <input type="checkbox"/> DANEK ATLANTIS <input type="checkbox"/> DANEK PREMIER <input type="checkbox"/> DANEK CROSSLINKS
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**MISC. INSTRUMENTATION or COMMENTS:**

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