

SURGEON REQUEST CHECKLIST

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

POSITION/APPROACH <input type="checkbox"/> SUPINE <input type="checkbox"/> PRONE <input type="checkbox"/> LATERAL <input type="checkbox"/> RIGHT ↑ <input type="checkbox"/> LEFT ↑ ANTERIOR/POSTERIOR (FLIP FLOP) <input type="checkbox"/> ANTERIOR 1 ST _____ 2 ND _____ <input type="checkbox"/> POSTERIOR 1 ST _____ 2 ND _____ <input type="checkbox"/> THOROSCOPIC <input type="checkbox"/> ABDOMINAL <input type="checkbox"/> THORACIC <input type="checkbox"/> REVERSE BED	TABLE <input type="checkbox"/> TOWER <input type="checkbox"/> ELECTRIC BED <input type="checkbox"/> VELCRO FRAME <input type="checkbox"/> WILSON FRAME <input type="checkbox"/> OSI – JACKSON FRAME <input type="checkbox"/> OSI – FLAT TOP <input type="checkbox"/> BARIATRIC BED	FUSION <input type="checkbox"/> AUTOGRAFT <input type="checkbox"/> ALLOGRAFT <input type="checkbox"/> HEALOS <input type="checkbox"/> SYMPHONY <input type="checkbox"/> TISSEEL
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PATIENT MONITORING			
<input type="checkbox"/> FOLEY	<input type="checkbox"/> ARTERIAL LINE	<input type="checkbox"/> CVP	<input type="checkbox"/> FIBEROPTIC INTUBATION

X-RAY <input type="checkbox"/> C-ARM <input type="checkbox"/> FLAT PLATES OTHER <input type="checkbox"/> EEG <input type="checkbox"/> CELL SAVER <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> ULTRASONIC ASPIRATOR <input type="checkbox"/> VIDEO	EQUIPMENT MICROSCOPE <input type="checkbox"/> LEICA FIXATION <input type="checkbox"/> MAYFIELD SKULL PINS <input type="checkbox"/> GARDNER WELLS TRACTION <input type="checkbox"/> HORSESHOE <input type="checkbox"/> MAYFIELD OVERHEAD TABLE	POWER <input type="checkbox"/> MIDAS REX BURRS _____ <input type="checkbox"/> 4200 <input type="checkbox"/> TPS <input type="checkbox"/> COMMAND II <input type="checkbox"/> HUDSON BRACE <input type="checkbox"/> STRYKER CORE SYSTEM <input type="checkbox"/> SYSTEM 5 LASER <input type="checkbox"/> YAG <input type="checkbox"/> CO2 <input type="checkbox"/> HOLMIUM
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INSTRUMENTS			
<input type="checkbox"/> ANEURYSM CLIPS	<input type="checkbox"/> MICRO INSTRUMENTS	<input type="checkbox"/> TRIMLINE RETRACTOR	<input type="checkbox"/> MCCULLOUGH RETRACTOR
<input type="checkbox"/> RHOTON DISSECTORS	<input type="checkbox"/> THORACIC LAMI	<input type="checkbox"/> RICHARDS RETRACTOR	<input type="checkbox"/> REDMOND RETRACTOR
<input type="checkbox"/> TRANSPHENOIDAL	<input type="checkbox"/> PLIF SET	<input type="checkbox"/> ALIF SET	<input type="checkbox"/> LUMBAR FUSION

CRANIOTOMY <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> ANEURYSM <input type="checkbox"/> GLIADEL WAFER X _____ <input type="checkbox"/> TUMOR <input type="checkbox"/> EDM VENTRICULAR CATH <input type="checkbox"/> SYNTHES RESORBABLE <input type="checkbox"/> CRANIOFIX <input type="checkbox"/> GREENBURG RETRACTOR	V-P SHUNT <input type="checkbox"/> PERITONEAL SHUNT _____ <input type="checkbox"/> RESERVOIR _____ <input type="checkbox"/> VALVE _____ <input type="checkbox"/> VENTRICULAR CATH _____ <input type="checkbox"/> ENDOSCOPIC _____ _____
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IMPLANTS	
<input type="checkbox"/> CORNERSTONE <input type="checkbox"/> DANEK ATLANTIS <input type="checkbox"/> DANEK AXIS <input type="checkbox"/> DANEK CROSS LINKS <input type="checkbox"/> DANEK M—8 (CD HORIZON) <input type="checkbox"/> DANEK M-10 (CD HORIZON) <input type="checkbox"/> DANEK VERTEX <input type="checkbox"/> DANEK ZEPHIR <input type="checkbox"/> DANEK PREMIER <input type="checkbox"/> SYNTHES CLIC- X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> DEPUY ACROMED COUGAR CAGES <input type="checkbox"/> DEPUY ACROMED MESH (HARMS CAGES) <input type="checkbox"/> DEPUY ACROMED MONARCH <input type="checkbox"/> DEPUY ACROMED MOSS MIAMI <input type="checkbox"/> DEPUY ACROMED SLIM LOC <input type="checkbox"/> DEPUY ACROMED SUMMIT <input type="checkbox"/> DEPUY ACROMED ISOLA <input type="checkbox"/> SYNTHES CERVICAL PLATE <input type="checkbox"/> GLOBUS CAGES <input type="checkbox"/> GLOBUS ASSURE PLATES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>