Preoperative Readiness Checklist

Follow only the individualized instructions issued by your surgeon and anesthesia team. Do not stop medicines on your own.

SCHEDULING AND CLEARANCE

- [ ] Procedure, surgeon, facility, date, and arrival time confirmed
- [ ] Written estimate and financial terms received
- [ ] Medical clearance/testing completed if ordered
- [ ] Medication and supplement list reviewed
- [ ] Pregnancy status addressed as directed
- [ ] Responsible adult escort confirmed
- [ ] Responsible adult overnight support confirmed if required
- [ ] Transportation and lodging plan confirmed
- [ ] Postoperative prescriptions obtained as instructed
- [ ] Follow-up appointment scheduled

MEDICATION AND HEALTH CHANGES

- [ ] I have followed individualized instructions for anticoagulants, aspirin, NSAIDs, supplements, hormones, and GLP-1 medications.
- [ ] I will contact the office about fever, illness, infection, rash, new medication, pregnancy possibility, or health change before surgery.
- [ ] I understand nicotine can impair healing and have followed the surgeon's cessation instructions.

DAY-BEFORE / DAY-OF PLAN

- [ ] Fasting instructions reviewed and understood
- [ ] Showering and skin-preparation instructions reviewed
- [ ] No jewelry, valuables, or unapproved topical products
- [ ] Loose, clean clothing selected
- [ ] Government ID and required documents prepared
- [ ] Emergency and after-hours numbers saved

Procedure

Date

Arrival time

Facility

Escort name

Escort phone

QUESTIONS FOR CLINICAL TEAM

Unresolved questions or concerns

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SIGNATURE

Printed name

Date

Signature (sign after printing or use an approved e-signature workflow)

By signing, I confirm that I reviewed this form and that the information I provided is accurate to the best of my knowledge.