

Surgery Checklist and Authorizations

Please read the following checklist carefully. All the items must be understood and answered completely before the surgery can be scheduled. Please cancel your surgery if you have any unresolved issues.

- 1: I understand my diagnosis, the recommended treatment, alternative treatments, and the associated risks of the treatments. The physician has answered all my questions to my satisfaction. I understand that no guarantees have been made regarding the outcome. I give this written authorization to perform the procedure.
- 2: I know that the procedure will be performed in the office under local anesthesia. I am not allergic to local anesthetics, Lidocaine, Epinephrine, Antiseptics, Betadine, Hibiclens, Topical antibiotics, Polysporin, Neosporin, Rubbing Alcohol, Band-Aids, Tapes etc. I never had any untoward reaction to local anesthetics (fainting, palpitations, Angina, irregular heartbeat, difficulty breathing, allergic reaction, shock etc.).
- 3: I have checked with my doctor regarding any contraindications to surgery. I do not have any uncontrolled heart problem, high blood pressure, diabetes or other medical and/or surgical problems.
- 4: I do not have any tendency for bleeding and/or poor wound healing.
- 5: I am not taking any blood thinners or aspirin related products for at least a week before planned surgery and shall not take these medications for a week after surgery. I have checked with my doctor regarding this.
- 6: I do not need any prophylactic antibiotics prior to surgery because of past history of Rheumatic fever, Mitral valve prolapse, Heart problems, Implants, Prosthetic valves or Artificial joints etc.
- 7: I shall have someone accompany me after surgery if necessary.
- 8: I understand the importance of postoperative care and shall return to office for follow up as advised. I shall obtain emergency medical care at the nearest hospital in case any problem arises after office hours, and shall return to the office the next working day for further instructions.
- 9: I understand the charges for the surgery and pathology examination. I shall obtain all authorizations necessary prior to surgery. I shall be responsible for all deductibles, co-payments and uncovered expenses for the procedures considered cosmetic in nature or medically unnecessary. An appropriate adjustment would be made in the charges if the clinic accepts assignment or has other agreement with your insurance plan.
- 10: Please write or provide a list of all your present and past Medical and Surgical problems:
- 11: Please write or provide a list of all your present and past allergies and drug reactions:
- 12: Please write or provide a list of all your present and past, recent past prescription & over the counter medication:
- 13: Please provide details of Latest Foreign Travel & Infectious Disease Exposure:
- 13: Any other relevant information: Smoker Drinking Pregnancy Hepatitis HIV TB VD Other please list:

Name →.....**Sign** →.....**Date**.....
Circle → Adult Patient Mother Father Legal-Guardian I know I can cancel this appointment at any time for any reason.

Witness Sign X.....Does patient have any questions? No Yes Please List: