

OMFS Pre-treatment Checklist

Patient Name

Confirmed Not Confirmed

Procedure Date

Verified Not Verified

Diagnosis

Verified Not Verified

History and physical updated

Updated Not Updated

Allergies confirmed

Confirmed Not Confirmed

Vital signs updated

Updated Not Updated

Referral and procedure reconciled

Reconciled Not Reconciled

Procedure consent signed

Signed Not Signed

Procedure and location verified with patient

Verified Not Verified

Confirmed medications taken today

Confirmed Not Confirmed

Equipment and xrays in room

In Room Not In Room

Physical Examination - Note all positive findings

Systems

PE

No Change from Consultation Change from Consultation

CV

Within Normal Limits NOT Within Normal Limits

Pulm

Within Normal Limits NOT Within Normal Limits

Neuro

A/O X3 Other

Other

Please specify

Procedure Start

OK to start procedure

OK NOT OK