

**ADULT PRE OPERATIVE
CHECKLIST**

Date of Surgery _____

Physician _____

Facility _____

Procedure(s) _____

Post- Operative Appointment(s) _____

_____ Call 7-10 days prior to surgery to pre-register if surgery is scheduled at:

- _____ Fairfax Hospital
- _____ Fair Oaks Hospital (703) 208-2525
- _____ INOVA Surgical Center
- _____ Reston Hospital (703) 689-9072

_____ A Representative will call you from Columbia Fairfax Surgical Center one week prior to the surgery date for pre-registration.

_____ Pre-op Physical scheduled with Primary Care Physician 7-10 days prior to surgery.

_____ Pre-op lab work and/or tests completed **7-10 days** prior to surgery.

_____ **DO NOT** take any aspirin, aspirin containing compounds, Advil or ibuprofen for two weeks prior to or two weeks following surgery (Tylenol may be taken).

_____ Ask your surgeon or primary care physician about taking any regular medications.

_____ **DO NOT** eat or drink anything after **12 midnight** the night before surgery (this includes water, gum, and hand candy).

_____ Bring any completed History and Physical Examination forms with you the morning of surgery. Lab work and pre-operative test results are to be **faxed** to our office at 703-573-6775.

_____ Wear loose clothing, preferable a button up shirt or clothing that does not need to be pulled over your head.

_____ Arrive at the hospital or facility **1 hour** prior to surgery.

_____ Please arrange for someone to accompany you and drive you home after surgery.