

PREPARING FOR SURGERY CHECKLIST

BEFORE SURGERY

| | |
|--------------------------|--|
| <input type="checkbox"/> | Activate MyHSS |
| <input type="checkbox"/> | Obtain medical clearance if necessary |
| <input type="checkbox"/> | Discontinue certain home medications |
| <input type="checkbox"/> | Confirm your pharmacy information |
| <input type="checkbox"/> | Schedule your first post-operative appointment |
| <input type="checkbox"/> | Discontinue tobacco use |
| <input type="checkbox"/> | Prepare your home for your surgery |

DAY BEFORE SURGERY

| | |
|--------------------------|---|
| <input type="checkbox"/> | Arrange for a chaperone |
| <input type="checkbox"/> | Anticipate a phone call regarding your surgery time |
| <input type="checkbox"/> | Pick up your post-operative medications |
| <input type="checkbox"/> | Nothing to eat or drink after midnight |

DAY OF SURGERY

| | |
|--------------------------|---|
| <input type="checkbox"/> | Prepare your surgical site |
| <input type="checkbox"/> | Bring your brace if necessary |
| <input type="checkbox"/> | Bring your CPAP/BiPAP mask if necessary |
| <input type="checkbox"/> | Arrive at your scheduled time |