



SURGICAL CHECKLIST

Surgery: _____

Date of Surgery: _____

Location: Henry Ford Rochester Hospital MIAS APEX

The following is a checklist you **MUST complete before surgery:**

- Labs cannot be completed until after: ____ \ ____ \ ____
 - Will need to be completed by your Pre-Operative Appointment.
- Pre-Operative Appointment: ____ \ ____ \ ____ at ____:____ AM PM
 - At 3100 Cross Creek Parkway #300, Auburn Hills, MI 48326
 - Virtual (a link will be sent to you prior to this appointment)
- Post-Operative Appointment: ____ \ ____ \ ____ at ____:____ AM PM
 - At 3100 Cross Creek Parkway #300, Auburn Hills, MI 48326
 - Virtual (a link will be sent to you prior to this appointment)

Please obtain Medical Clearance from the Following Doctors:

PCP Cardiologist Other: _____

Labs and Clearance must be into our office by your Pre-Operative appointment or surgery will be cancelled.

Medical Clearance: The form will be faxed to your doctors, it is your responsibility to contact your doctor to see if they need to see you to sign the clearance form. Please have the doctor fax the form to us.

Fax: 248.484.2127

Labs: The labs must be completed at Henry Ford Rochester Hospital outpatient lab (unless discussed at the time of scheduling). No appointment is necessary. Walk in only, open 6am-6pm Monday-Friday.

Health History: The location your surgery is scheduled at will be contacting you prior to surgery for a pre-operative instructions. You should expect this call 1-2 weeks prior to surgery.

Pre-operative appointment: This appointment is **MANDATORY**, if this appointment is missed surgery will be rescheduled or cancelled. At this appointment all of your questions will be answered, labs and clearances will be reviewed and post-operative medications will be prescribed.