

CARDIOTHORACIC SURGERY PRE-OPERATIVE CHECK LIST

PATIENT NAME _____ DATE _____

The following are Pre-operative tests and studies to be done or scheduled today:

_____ LABORATORY. 1st Floor, 1A-114

_____ NUCLEAR MEDICINE. 2nd floor, 2C-260

_____ MRI. 1st Floor, 1C-318

_____ PHARMACY. 1st Floor, 1A-560

_____ EKG. 1st FLOOR NEAR TRIAGE AREA (by ER)

_____ X-RAY/CT SCAN. 2nd Floor, 2C-400

_____ DENTAL CLINIC. 2ND FLOOR, 2A-303

_____ PULMONARY FUNCTION TEST. 3rd floor, 3A-300 across from red elevators

_____ Cardiology ECHOCARDIOGRAM. 3rd Floor, 3C-330

_____ CAROTID DOPPLERS. 5th Floor on nursing unit 5D, 5C-244

_____ CARDIOTHORACIC SURGERY CLINIC. 5th Floor on 5C

_____ OTHER _____

If you have any problems, please call or you can ask someone to page either:
Anthony Riffel PA-C 24754, **Antonio Delgado** PA-C 26307, **James Swann** 26306,
Sabrina Chen PA-C 23616 or **Casiano Chi** FNP 24755