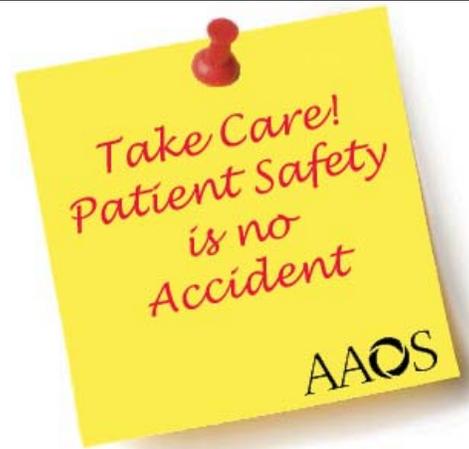


AMBULATORY SURGERY

Patient Safety Checklist — Post-Operative —



*Clip this checklist to the patient chart and upon completion, insert in file.
The orthopaedic surgeon is responsible for the completion of the checklist **prior** to discharge*

Patient's Name: _____ Date: ____ / ____ / ____

Being discharged to: _____

In care of: _____

Follow-up appointment: _____ Date: _____ Time: _____

I have attended to the following issues as they relate to my patient's safe discharge:

	ASC Rep	Patient/Rep
Patient was provided with and reviewed written discharge instructions.		
Patient was provided with and reviewed written medication instructions.		
Patient follow-up has been arranged for a specific date and time.		
Patient is determined safe to go home.		
Patient will be accompanied by a responsible adult.		
Patient has been given emergency contact phone number(s)		

Orthopaedic Surgeon's Signature: _____