DOCOMENT	REQUIREIVIEN 13	
CONSENT	☐ Laterality verified against imaging & surgical H&P, & is consistent	
	with booking & other pre-op documents	
	☐ Procedures match on consent & schedule	
	☐ Consent form in patient's preferred language	
	☐ If used, interpreter is part of the NYEE language bank	
	☐ Supporting documentation if someone other than patient signed	
	(i.e., health care proxy, guardianship, letter from facility stating who is	
	the decision-maker for patient)	
PRE-SURGICAL	☐ Completed within 30 days of surgical date	
ORDERS & H&P	☐ All sections completed except for "surgeon attestation"	
	☐ Clinical history, allergies, and preferred language are consistent on	
	all documents	
PRE-OP MEDICAL	☐ Physical exam was done within 30 days of surgical date (no	
EVALUATION	addendums)	
	☐ Statement of clearance/optimized for planned surgery	
	☐ Physical exam fields have individual check marks or worded	
	comments (no line to mark all boxes)	
	☐ Provider information is complete (printed name, signature, date &	
	time, license #)	
EKG	☐ If needed, completed within 6 months of surgery	
	*See Pre-Surgical Testing Requirements grid to determine if needed	
LABS	☐ If needed, drawn within 60 days of surgery	
	*See Pre-Surgical Testing Requirements grid to determine if needed	
FURTHER WORKUP	*See Pre-Surgical Testing Requirements	
 □ Physical signatures □ Signature dates are □ No deletions, white □ No prohibited abbr □ Name & date of bir □ Handwriting is legil documents are not blocen. 	nt across all documents of MD, witness, and patient (no typed signature nor JPEG of signature) of MD, witness, and patient (no typed signature nor JPEG of signature) of true & accurate e-outs & edits, nor additions to documents after signature reviations of the are on ALL pages of documents & match legal ID ble (if outside MD paperwork is not legible, please request supporting documenty	entation) &
	ed if patient is < 18 years old vork uploaded to OMP 72 hours prior to surgery	
completed paper w	.c ap. casea to civil 12 hours prior to surgery	
CICNIATUDE:	DATE	

^{*}Please promptly respond to all communication from NYEE chart review department to avoid delays and/or cancellations on day of surgery*