

# Cosmetic Surgery Pre-Operative Checklist

Patient Name

Date of Birth

Procedure

Date of Surgery

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## Medical Evaluation

- ☐ Medical History Taken
- ☐ Consent Form Signed
- ☐ Vital Signs Checked
- ☐ Allergies Reviewed
- ☐ Medications Reviewed

## Laboratory/Imaging

- ☐ Blood Tests Completed
- ☐ Imaging (if required) Completed

## Pre-Op Instructions

- ☐ Fasting Instructions Given
- ☐ Medication Instructions Given
- ☐ Smoking Stopped (if applicable)

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Notes

Clinician Name

Date

