

NEURO/SPINE SURGERY DATA SHEET

PREPARED BY: _____

PATIENT NAME: _____

ALLERGIES: _____

SURGEON: _____ ASSISTANT: _____

DATE OF SURGERY: _____ REQUESTED TIME: _____

PROCEDURE: _____

Patient is enrolled in a Clinical Trial

POSITIONING: PRONE SUPINE LATERAL R L BEANBAG

TABLE: REGULAR JACKSON HALL-RELTON WILSON
 MAYFIELD PINS HORSESHOE

XRAY: PORTABLE FLUORO N/A CUSA: _____

MICROSCOPE: NO YES STEALTH RADIOLOGY SCHEDULED: _____

INSTRUMENTATION: NO YES COMPANY: _____

SPINAL CORD MONITORING: NO YES NOTIFIED: YES COMPANY: _____

PHASE REVERSAL AND/OR MOTOR CORTEX MAPPING: (For Frontal or parietal Craniotomy)

CELLSAVER: NO YES

SPECIAL REQUESTS: _____ N/A

POST-OP: FLOOR STEP-DOWN ICU

Please call Debbie Holland, RN Neuro Clinician at 351-7957 or pager 279-0487.

Please Fax Data Sheet with Booking Sheet to (631) 351-2696.

Thank you.