

**North
Shore LIJ** *Huntington Hospital*
ORTHOPEDIC DATA SHEET

Date of Surgery: _____ **Surgeon:** _____

Patient Name: _____

Surgical Procedure: _____

Allergies: _____ **Meds:** _____ **Latex:** No Yes

Position: Supine Prone Lateral Beach Chair

Table Type: Regular OR Fracture Shoulder

Positioning Aides: Peg Board Metal Triangle Sandbags

X-ray: C-Arm OEC PACs in Room

SPECIAL REQUESTS:

Allograft: _____

Implants: _____

Instruments:

Contact name and # for Vendor Rep: _____

Vendor Company: _____

Fax prepared by: _____ **Date:** _____

Please contact Jackie Russo, RN Orthopedic Clinician or Mary Arato, CST Orthopedic Tech at (631) 351-7980, beeper # (631) 340-0623, or in the OR at (631) 351-2083.

Please fax sheet to: Jackie Russo, RN/ Orthopedic Clinician @ (631) 760-2165.

Thank you.

Rev: 1/2010