SURGICAL SUPPLY CHECKLIST

FORM NO: SURG-001
Patient Name:
Date:
Procedure:
Surgeon/Assistant:

READY	REQUIRED ITEM / SUPPLY	QUANTITY/NOTES
	PERSONAL PROTECTIVE EQUIPMENT (PPE)	
	Sterile Surgical Gowns & Gloves	
	Surgical Masks & Face Shields	
	SURGICAL INSTRUMENTS & TRAYS	
	Basic Extraction / Surgical Cassette	
	Periosteal Elevators & Periotomes	
	High-Volume Surgical Suction Tips	
	DISPOSABLES & MEDICATIONS	
	Anesthetic (Lidocaine/Septocaine/Marcaine)	
	Sterile Saline Irrigation (500ml/1000ml)	
	Suture Material (Chromic/Silk/Vicryl)	
	Hemostatic Agents (Gelfoam/Surgicel)	
	POST-OPERATIVE	

READY	REQUIRED ITEM / SUPPLY	QUANTITY/NOTES
	Sterile Gauze Packs (2x2 / 4x4)	
	Post-Op Care Instructions & Ice Packs	

Final Verification Signature: