

Preoperative Skin Preparation: Patient Checklist for Total Hip and Knee Replacement

Please complete the table/checklist below. Bring it with you the day of surgery and give it to your nurse in Same Day Surgery (SDS).

DATE	E-Z SCRUB SPONGE Wash completed
Day 1 _____	<input type="checkbox"/>
Day 2 _____	<input type="checkbox"/>
Day 3 _____	<input type="checkbox"/>
Day of Surgery _____	<input type="checkbox"/>