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Surgical Preoperative Check List

- Surgery Date _____
- Primary Care Appointment
less than 30 days from surgery date
 - Date _____ Time _____
- Cardiologist/Specialist Appointment (*if applicable*)
less than 30 days from surgery date
 - Date _____ Time _____
- Clearance Form Completed
- EKG Performed
- Blood Work (CBC, BMP, PTT/PT/INR)
- Urinalysis with Culture and Sensitivity
- Chest X-Ray

Please CC your family physician on all testing

It is very important all test results are faxed to our office at 302-292-8119

If you have ANY questions please feel free to contact the office at 302-366-7671