

Appointment Dates Tracker: for personal use to help keep you on track for surgery.

Neurosurgeon: _____

Last Neurosurgery Consult Date: _____

Surgery Date: _____

Pre-operative Screening Appointments:

- ☐ Primary Care (required)
 - Location: _____
 - Date: _____
- ☐ Cardiology
 - Location: _____
 - Date: _____
- ☐ Pulmonology/ Sleep
 - Location: _____
 - Date: _____
- ☐ Endocrine
 - Location: _____
 - Date: _____
- ☐ Hematology/ Oncology
 - Location: _____
 - Date: _____
- ☐ Other: _____
 - Location: _____
 - Date: _____

Pre-operative Lab Draw (required):

- Location: _____
- Date: _____

Post-operative Follow-up Date 1: _____

Post-operative Follow-up Date 2: _____