

Surgery



PACKING LIST

SURGERY DATE _____

№	HOSPITAL BAG CHECKLIST	<input checked="" type="checkbox"/>
1	Driver's license or ID card	<input type="checkbox"/>
2	Health Insurance Card	<input type="checkbox"/>
3	List of medications and dosages	<input type="checkbox"/>
4	List of emergency contacts	<input type="checkbox"/>
5	Copy of advance directives (Living Will, Power of Attorney)	<input type="checkbox"/>
6	Copy of surgery details and doctor's instructions	<input type="checkbox"/>
	CLOTHING AND COMFORT ITEMS	<input type="checkbox"/>
7	Loose, comfortable clothing (easy to put on)	<input type="checkbox"/>
8	Front-button or loose fitting pajamas	<input type="checkbox"/>
9	Warm socks and slippers with non-slip soles	<input type="checkbox"/>
10	Light robe or sweater	<input type="checkbox"/>
11	Extra underwear	<input type="checkbox"/>
12	Soft, wireless bra	<input type="checkbox"/>
13	Eye mask and earplugs	<input type="checkbox"/>
	TOILETRIES AND PERSONAL CARE	<input type="checkbox"/>
14	Toothbrush and toothpaste	<input type="checkbox"/>
15	Lip Balm	<input type="checkbox"/>
16	Unscented lotion (post-surgery)	<input type="checkbox"/>
17	Hair brush and hair ties	<input type="checkbox"/>
18	Small mirror	<input type="checkbox"/>

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No	TOILETRIES AND PERSONAL CARE CONT.	<input checked="" type="checkbox"/>
19	Extra glasses or contact lens & solution	<input type="checkbox"/>
	MEDICATIONS AND HEALTH NEEDS	<input type="checkbox"/>
20	Personal medications (check with your doctor beforehand)	<input type="checkbox"/>
21	CPAP machine (if needed)	<input type="checkbox"/>
22	Mobility aids	<input type="checkbox"/>
23	Copy of surgery details and doctor's instructions	<input type="checkbox"/>
24	Face masks (may provide relief from the dry air)	<input type="checkbox"/>
	ENTERTAINMENT AND DISTRACTIONS	<input type="checkbox"/>
25	Phone and charger (consider a long charging cable)	<input type="checkbox"/>
26	Comfortable headphones or earbuds	<input type="checkbox"/>
27	A book, Kindle, or magazin	<input type="checkbox"/>
28	Journal and pen (to write down doctor's instructions/ personal thoughts)	<input type="checkbox"/>
29	Other gaming / entertainment items (yarn, etc.)	<input type="checkbox"/>
	SNACKS AND HYDRATION	<input type="checkbox"/>
30	Favorite small snacks (check with your doctor beforehand)	<input type="checkbox"/>
31	Reusable water bottle (some hospitals will allow you to refill)	<input type="checkbox"/>
32	Throat lozenges (if allowed)	<input type="checkbox"/>
	FOR EMOTIONAL COMFORT	<input type="checkbox"/>
33	A small pillow or neck pillow	<input type="checkbox"/>
34	A blanket or shawl from home	<input type="checkbox"/>

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№	FOR EMOTIONAL COMFORT CONT	<input checked="" type="checkbox"/>
35	A small photo of loved ones	<input type="checkbox"/>
36	Religious or spiritual items (prayer book, rosary, etc.)	<input type="checkbox"/>
	ADDITIONAL ITEMS	<input type="checkbox"/>
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