

**McLAREN FLINT
Flint, Michigan
CABG STS
PATIENT DISCHARGE CHECK LIST**

To be completed as part of the discharge process for all CABG patients

ASA on discharge or documented contraindication: _____

Beta Blocker on discharge or documented contraindication: _____

Statin on discharge for all CABG patients or documented contraindication: _____

Surgeon or PA Signature _____ Date _____



PT.

MR.#/P.M.

DR.