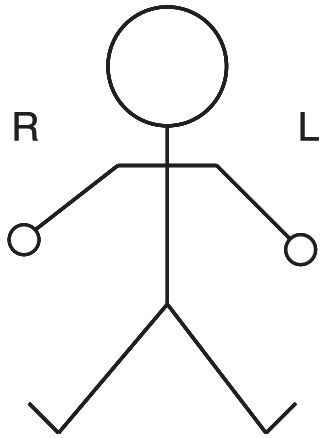


Patient Identification/Site Verification Checklist

<p><u>PATIENT TO COMPLETE:</u></p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Procedure: _____</p> <p>_____</p> <p>_____</p> <p>Patient Signature: _____</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Indicate surgery site with an arrow on the stick figure </div>	
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↓ PATIENTS DO NOT WRITE BELOW THIS LINE ↓

Receptionist to Complete:

(check box)

- Patient Identified by name and date of birth
- Procedure confirmed with patient

(initials)

Pre-op Nurse to Complete:

- Patient verbalizes name and date of birth
- Procedure/site confirmed per P&P
- H&P reflects correct patient, procedure and site
- Diagnostic studies, if applicable, confirms operative site

Intra-op Nurse To Complete:

- Patient verbalizes name and date of birth
- Procedure/site confirmed per P&P
- H&P reflects correct patient, procedure and site
- Diagnostic studies, if applicable, confirms operative site
- Time Out observed time _____

(patient sticker)