

Patient Identification/Site Verification Checklist

PATIENT TO COMPLETE:

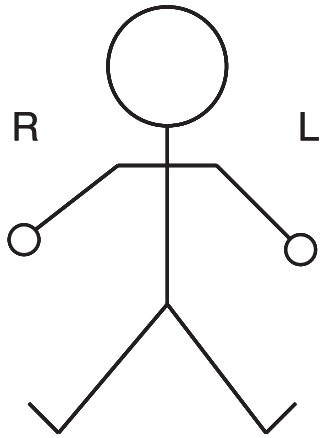
Indicate surgery site with an arrow on the stick figure

Patient Name: _____

Date of Birth: _____

Procedure: _____

Patient Signature: _____



↓ 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)