# Day of Surgery

Today's Date: / /

**WRITE LEGIBLY AND DO NOT USE ABBREVIATIONS**

## Standardized Independent Verification #1

Patient First Name: ____________________ Last Name: ____________________

#1 Identifier: ____________________ #2 Identifier: ____________________

Surgeon Name: ____________________ Date of Surgery: ____________________

Procedure to Be Performed: ____________ Secondary Procedure: ____________

| Patient Information | Medical Documentation | Surgical Information | Information Verified By |
|---|---|---|---|
| • *Surgical consent states complete procedure (circle one):*<br>*Yes / No*<br>• *Surgical consent identifies (check one):*<br>____ *Left*<br>____ *Right*<br>____ *Bilateral*<br>____ *N/A*<br>• *Patient fully conscious during verification of procedure (circle one):*<br>*Yes / No*<br>• *Patient or patient's legal representative verbalizes correct procedure (circle one):*<br>*Yes / No*<br>• *Patient or patient's legal representative verbalizes correct site/side (circle one):*<br>*Yes / No* | • *History and physical (H & P) attached (circle one):*<br>*Yes / No*<br>*History and physical identifies side (check one):*<br>____ *Left*<br>____ *Right*<br>____ *Bilateral*<br>____ *N/A*<br>• *Pathology/laboratory studies attached (circle one):*<br>*Yes / No*<br>• *Radiologic studies attached (circle one):*<br>*Yes / No*<br>• *EKG (circle one):*<br>*Yes / No*<br>*Other tests attached:*<br>____________________<br>• *Anesthesia consent and interview completed (circle one):*<br>*Yes / No*<br>• *Physician's orders attached (circle one):*<br>*Yes / No* | • *Surgical procedure verified with all other documents (check one):*<br>____ *Schedule*<br>____ *Consent*<br>____ *H & P*<br>• *Surgical side (check one):*<br>____ *Left*<br>____ *Right*<br>____ *Bilateral*<br>____ *N/A*<br>• *Surgical site verified (circle one):*<br>*Yes / No*<br>• *Surgical position verified (circle one):*<br>*Yes / No*<br>• *Implants/other instrumentation verified (circle one):*<br>*Yes / No*<br>• *Positioning device required (circle one):*<br>*Yes / No*<br>*If Yes, specify:* ________ | • *Name (please print):*<br>____________________<br>• *Signature:*<br>____________________<br>• *Date and time information recorded and verified:*<br>____/____/____<br>____________ *(Time)* |

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*This form is provided as a sample only and is not meant to be used as is.*