

Day of Surgery

Write legibly and do not use abbreviations

Standardized Independent Verification #1

Today's Date: _____

Patient First Name: _____ Last Name: _____

#1 Identifier: _____ #2 Identifier: _____

Surgeon Name: _____ Date of Surgery: _____

Procedure to Be Performed: _____ Secondary Procedure: _____

Patient Information

- Surgical consent states complete procedure (circle one):
Yes / No
- Surgical consent identifies (check one):
 Left
 Right
 Bilateral
 N/A
- Patient fully conscious during verification of procedure (circle one):
Yes / No
- Patient or patient's legal representative verbalizes correct procedure (circle one):
Yes / No
- Patient or patient's legal representative verbalizes correct site/side (circle one):
Yes / No

Medical Documentation

- History and physical (H & P) attached (circle one):
Yes / No
- History and physical identifies side (check one):
 Left
 Right
 Bilateral
 N/A
- Pathology/laboratory studies attached (circle one):
Yes / No
- Radiologic studies attached (circle one):
Yes / No
- EKG (circle one):
Yes / No
- Other tests attached:

- Anesthesia consent and interview completed (circle one):
Yes / No
- Physician's orders attached (circle one):
Yes / No

Surgical Information

- Surgical procedure verified with all other documents (check one):
 Schedule
 Consent
 H & P
- Surgical side (check one):
 Left
 Right
 Bilateral
 N/A
- Surgical site verified (circle one):
Yes / No
- Surgical position verified (circle one):
Yes / No
- Implants/other instrumentation verified (circle one):
Yes / No
- Positioning device required (circle one):
Yes / No
If Yes, specify: _____

Information Verified By

- Name (please print):

- Signature:

- Date and time information recorded and verified:
____/____/____
_____ (time)

Information taken by scheduling staff:

Name (please print): _____

Signature: _____

Date: _____ Time: _____

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