MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Num

Submit Form

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
NAVHLTHCLINICPAXRIVINST 6010.14A	13 FEB 2012

LOCAL FORM TITLE *(Optional)*

PROCEDURE TIME - OUT

1. **Procedure Verification Process**

   Patient / parent / legal guardian verbally states 2 identifiers (name/birth date) ☐ Yes

   Correct name on chart / record / consent ☐ Yes

   Consent verified for planned procedure ☐ Yes

2. **Site Marking:** (check N/A if marking is not required)

   Patient/parent/legal guardian verbalizes and points to location surgery ☐ Yes ☐ N.A.

   Correct procedure and surgical site marked ☐ Yes ☐ N.A.

3. **Surgical Pause "Time Out"** - ***Immediately before starting procedure.***

   Correct patient: ☐ Yes

   Correct procedure ☐ Yes

   Correct site and side: ☐ Yes ☐ N.A.

   Correct position ☐ Yes ☐ N.A.

   Images properly labeled and displayed ☐ Yes ☐ N.A.

   Necessary Safety Precautions ☐ Yes ☐ N.A.

VERIFIER'S NAME	VERIFIER'S SIGNATURE	DATE/TIME
PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE/TIME
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	