

SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

No. PTSAF-2

Subject: VERIFICATION OF IDENTIFICATION
CORRECT PROCEDURE AND
CORRECT SITE

Page 1 of 13

Original Issue Date: 12/2012

Prepared by: Patient Safety Committee

Supersedes: 10/2013

Reviewed by: Muhammad Islam, MS, MCH

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Committee Perioperative Committee

TJC Standards: NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, and services.
UP.01.01.01: Conduct a pre-procedure verification process.
UP.01.02.01: Mark the procedure site.
UP.01.03.01: A time-out is performed before the procedure.

Approved: OR Committee
Medical Executive Committee

NYSDOH Surgical and In-service Procedure Protocol

Approved by: Margaret Jackson, MA, RN

Related Policies:
(PTSAF-3) Patient Identification for Clinical Care and Treatment
(CON-1) Consent Policy

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Issued by: **Regulatory Affairs**

I. PURPOSE

To outline the accountabilities and strategies that will ensure consistent, thorough and accurate pre- procedure patient identification and verification of correct procedure and correct site, in all patient care areas. Implement a process to mark the surgical site, and involve the patient in the marking process.

To provide specific information in steps to be taken to ensure that the indicated procedure(s) is performed on the correct patient, at the correct site and, if applicable, with the correct implant.

II. POLICY

- It is the policy of the SUNY Downstate Medical Center to provide a final verification process including “time out” to confirm the correct patient, correct procedure and correct site using active communication techniques in all patient care settings including the Operating Room, Ambulatory Care Services, Radiology Department and the Emergency Department.

- A minimum of two (2) patient identifiers will be used to identify the patient in accordance with UHB Policy Patient Identification for Clinical Care and Treatment (PTSAP-3) name and date of birth..
- Patient identification and procedure site must be verified prior to the procedure through a unified effort among the patient, the physicians and other health care providers to prevent wrong patient, wrong procedure or wrong site. This process must occur before the patient leaves the pre-operative area or enters into the procedure/surgical room.
- Patient identification, correct procedure and correct site verification will begin at the time of scheduling and continue through the patient's admission and immediately prior to the time when the procedure starts.
- Patient identification, correct procedure and correct site verification will also occur anytime the responsibility for care of the patient is transferred to another caregiver or location in the perioperative or the pre-procedural process.
- The patient or the legally designated representative will be involved in the identification and marking process.
- The physician performing the procedure will mark the site, if applicable with his/her initials using a permanent marking pen.
- A universal protocol checklist will be completed prior to the initiation of the procedure. An incomplete checklist will result in the procedure being postponed.
- The sites to be marked will include but not be limited to:
 - a. Surgical sites in cases involving right/left distinction
 - b. Multiple structures (such as fingers or toes)
 - c. Different/multiple levels (such as spine)
- Sites that do not require markings are
 - a. Orifices such for Hemorrhoidectomy
 - b. Bronchoscopies, etc.
 - c. Mid-line
 - d. C-section laparotomies
 - e. Laparoscopies
 - f. Interventional procedures (site of insertion is not pre-determined such as Cardiac Catheterization)
 - g. Tooth extraction does not require marking the tooth.
 - h. Premature infants, for whom the mark may cause a permanent tattoo.

NOTE: A practitioner is not exempt from the site-marking requirement when he or she is in continuous attendance with the patient (from the time of the decision to do the procedure through the conduct of the procedure).

- When procedures require imaging studies (X-ray) to determine the operative site, the procedure will not commence until the physician has verified that the image studies and the site match. The imaging studies (X-ray) should be displayed on the X-ray view box in the same room as the patient who is undergoing the procedure. The X-ray/imaging studies will also be verified by a second physician.

- Should a patient refuse to have their site “marked”, the physician must document the patient’s refusal & the planned site/side in their pre procedure note

The Time Out Procedure: must be initiated immediately before a procedure starts. This means that all team members including the physician, nurse, technologist and others will call a “Time Out” to VERBALLY reconfirm the correct patient, correct position, correct procedure, correct site and availability of correct implants and any special equipment or special requirements. This process must occur after the patient has been prepped and draped and just before starting the procedure and documented on the patient’s chart.

During the time-out, other activities are suspended, to the extent possible without compromising patient safety, so that all relevant members of the team are focused on the active confirmation of the correct patient, procedure, site and other critical elements.

- Even when there is only one person doing the procedure, a brief pause to confirm the correct patient, procedure, and site is appropriate. It is not necessary to engage others in this verification process if they would not otherwise be involved in the procedure.
- Timeout should be undertaken if a new surgeon arrives and is assuming primary responsibility for the case or if the patient/operative site is re-draped. The name of the patient and the procedure should be verified during the second “timeout”
- When two or more procedures are performed on the same patient, a time-out must be performed to confirm each subsequent procedure before it is initiated.
- During an ongoing procedure if any new provider (or a performing clinician i.e., surgeon, interventionist, anesthesiologist, circulatory nurse, etc) joins the procedure or a provider rejoins; a reconfirmation of identification for the correct patient and the correct procedure on the correct body part has to be repeated by that participant/s.
- For surgical procedures, instruments/equipment is not offered until after the “timeout” is performed.
- Any site discrepancy noted during the verification procedure will immediately place the procedure on hold until the discrepancy can be resolved
- All patients having a therapeutic or diagnostic invasive procedure will have the site, level and/or laterality, if appropriate, confirmed by two (2) licensed practitioners prior to the procedure being initiated.

III. DEFINITION:

Procedure Site: Includes all procedural incisions, surgical incisions and operative sites.

Nursing: Registered Nurses, LPN’s, Nurse Assistant, Clerk Registrar

Time out: Allows for all activities to cease immediately prior to a procedure to ensure the final verification process for the correct patient, correct patient position, the correct

side and correct site, and availability of correct implants and any special equipment or special requirements by the interdisciplinary team.

Invasive Procedure: Any procedure involving puncture or incision of the skin or insertion of an instrument or foreign materials into the body, including but not limited to, percutaneous aspirations, implantation-excludes venipuncture and IV therapy.

IV. **RESPONSIBILITY:**

All Health Care Providers involved in the procedure (physicians, nurses, technicians and others) in all UHB Clinical Services, have responsibility for assuring compliance with this policy/procedure.

V. **PROCEDURES/GUIDELINES:**

A. **SCHEDULING PROCEDURES**

Scheduling must include:

1. Entire procedure, exact site, level, and side/laterality (Including spelling out "Left", out as "Left", "Right" or "Bilateral").
2. Specific information on implant system and/or equipment
3. Specific information on removal of device
4. Information on harvest or donor sites
5. The Operating Room Booking Office staff must verify the information provided by the surgeon/physician by **(Read back, fax, email etc Note. Method of verification needs to be decided)**

B. **CONSENT DOCUMENT**

Informed Consent must be obtained in accordance with UHB Consent Policy (CON-1). The consent documentation must include:

1. First and last name, date of birth of patient and medical record number of the patient.
2. Name and description of surgery or procedure in terms that are understandable to the patient (correct site/side, level and digit with the side spelled out as "Left", "Right" or "Bilateral").
3. No acronyms or abbreviations (except spinal levels noted – C –Cervical, T- Thoracic, L-Lumbar, S-Sacral when identifying spinal levels –e.g. L4-5).
4. Specific implant/implant system to be placed or device to be removed.
5. Patient/family/guardian/health care agent signature and date
6. Witness signature and date
7. Physician signature and date.
8. If the consent is altered or illegible it must be redone and re-signed by all parties.

C. **PERIOPERATIVE SERVICE**

OPERATING ROOM

Pre – procedure verifications using active communication regarding:

Correct patient identity
Correct side and site
Correct procedure

Correct level (if applicable)
Multiples (applicable)

The above are documented by means of a checklist

“Time Out” will be conducted immediately prior to starting the procedure to confirm those items above.

Such “Time Out “will be conducted in the location where the procedure will be done.

Preoperative Phase:
Nursing Staff Responsibilities

1. Identify the correct patient with the information on the patient’s I.D. band & relevant documentation before nursing assessment begins.
2. During nursing assessment in the pre-operative areas, verify correct surgical side with all relevant information including consent, patient charts, OR schedule, and patient statement prior to patient being transferred to the operating room suite. **In case of any discrepancy, the patient must be held until clarification has taken place.**
3. Engage the patient or legal designee in the verification process.
4. Sign the Universal Protocol Checklist.

Intraoperative Phase:
Circulating Nurse Responsibilities:

1. Identify the correct patient with the information on the patient’s I.D. band & relevant documentation before nursing assessment begins.
2. Verify the correct surgical side and site with patient, his/her chart, consent and the Operating Room schedule.
3. Verify if the surgical site or side has been initialed (marked) by surgeon.
4. Document correct side or site in the intra-operative nursing note.
5. Sign the Universal Protocol Checklist.
6. Initiate Time Out Process immediately before starting the procedure. All members of the entire operative team will pause and actively take part in this process by reviewing the patient’s identity, procedure, side or site.

The surgeon, nurse, surgical technologist, anesthesiologist and so on will verbalize the following:

Patient Identity
Patient position
Side or Site
Procedure to be done
Availability of correct implants and any special equipment or special requirements.

7. The scrub personnel will not pass the scalpel to the surgeon until such procedure has taken place.
8. If there is a discrepancy, the procedure will not continue until verification of the accuracy of the correct procedure site/side has happened and reconciled the difference.

Anesthesiologist Responsibilities:

1. Identify the correct patient with the patient's information on the I.D. band relevant documentation before induction begins.
2. Verify correct surgical site/side with OR schedule, patient, consent & chart.
3. Ensure that monitors are placed on the appropriate extremity.
4. Perform block on the appropriate site /side.
5. Sign the Universal Protocol Checklist.

Operating Physician (Surgeon) Responsibilities:

1. Indicate procedure and correct surgical site when booking surgeries with the O.R. Booking Office.
2. Identify the correct patient with the information on the patient's I.D. band & relevant documentation before surgery begins.
3. Indicate correct surgical side/site on surgery consent.
4. Verify X-Ray/imaging studies congruent with surgical site prior to incision. Image studies/x-ray must be mounted on the x-ray view box in the room where the patient to be operated is placed. Additional x-ray studies might be taken in the OR suite to identify the exact site/level before surgery begins. Special radiographic techniques are used for marking the exact vertebral level. A second physician confirms that the image belongs to the patient (first and last names and second identifier) and that the image is displayed in the correct orientation, using makers on the image. The team confirms the site and side of the lesion as part of the "time out".
5. Review & sign off the O.R. section on the Universal Protocol Checklist.
6. The operating surgeon will initial the site with permanent marking pen before patient is transferred into the Operating Room.
7. Participate in the Time Out Process prior to incision.
- 8.

Operating Room Booking Office Staff Responsibilities:

1. Indicate the correct surgical side on the O.R. Schedule
2. Verify with the surgeon's office the procedure and surgical side prior to final OR schedule being published.

Additional Requirements for Transplant

A timeout will be performed prior to the initiation of the withdrawal of life sustaining measures. The intent of the timeout is to **verify patient identification, roles and the respective roles and responsibilities of the patient care team, OPO staff, and organ recovery team personnel.** (Also see Organ Donation Policies EXP-1 and EXP-2.

D. INVASIVE PROCEDURES DONE IN SETTINGS OUTSIDE THE OPERATING ROOM (INCLUDING BEDSIDE PROCEDURES)

Nursing Responsibility:

1. Identify the correct patient. Compare verbal response with the information on the patient's ID band such as name, medical record # and /or date of birth.
2. Confirm the correct procedure. Review medical record. Check schedule when applicable. Engage patient or legal representative when possible.
3. Check that the appropriate side/site has been marked; if applicable engage patient or legal designee when possible.
4. Check the correct position.
5. Ensure the availability of correct implants and any special equipment or special requirements.
6. Complete and sign the pre procedure section of the Universal Protocol checklist
7. Participate in the "time out" process just prior to starting the procedure

Physicians Responsibilities

1. Identify the correct patient. Compare verbal with the information found on the patient's ID band, such as name, medical record # and /or date of birth.
2. Review any x-rays or other imaging studies to validate the sided /site of the procedure
3. Review the medical record.
4. Indicate the appropriate procedure /site in his/her signed pre-procedure note
5. With the patient's involvement, mark or identify the intended side and site using the physician's initial.
6. Review completes the pre-procedure portion of Universal Protocol checklist.
7. Participate in "**time out**" process just prior to starting the procedure. The **Time Out Process** must be documented on the Universal Protocol checklist by a licensed practitioner.
8. In situations where only one person doing the procedure, a brief pause to confirm the correct patient, procedure, and site is appropriate must be observed. It is not necessary to engage others in this verification process if they would not otherwise be involved in the procedure.

AMBULATORY CARE CLINICS

Collaborative Responsibilities

Staff Responsibilities:

Nursing: Registered Nurse, Nurse Assistant, Clerk and Registrar as applicable

1. Identify the correct patient verbally or with relevant documentation. Use of patient's name & date of birth.
2. Engage the patient and family wherever possible in the verification of the correct procedural site/extremity.

Physician, Physician Assistant, Nurse Practitioner Responsibilities, as applicable.

1. Identify the correct patient verbally or with relevant documentation. Use of patient's name & date of birth.
2. Engage the patient and family wherever possible in the verification of the correct procedural site/extremity.
3. Obtain written consent and indicate correct procedure site/extremity.
4. Indicate correct site for specific procedure.
5. Identify the right patient verbally and/or with (name, medical record number, date of birth) relevant documentation before starting procedure.
6. Post X-ray/imaging studies on view box in the procedure/examination room if applicable.
7. The M.D. is ultimately responsible for the correct patient and the procedural site.
8. The Attending Physician, PA, NP will pause and review the patient's identity, procedure, site and side, correct position, implant/equipment, prophylactic antibiotics needed immediately prior to the start of the procedure.
9. In situations where only one person doing the procedure, a brief pause to confirm the correct patient, procedure, and site is appropriate must be observed. It is not necessary to engage others in this verification process if they would not otherwise be involved in the procedure.

RADIOLOGY SERVICE DEPARTMENTS

Technologist Responsibilities

Computerized Thermography

Single Extremity

1. The information page of the Computerized Thermography entries is filled out to include the identification of the extremity to be imaged as identified by the requisition and confirmed by the patient.
2. Perform the imaging procedure on the single extremity and print film.
3. Manually label one image to agree with information page.

Bilateral Extremity and all other images

1. Place patient on the imaging table
2. Log into the Information Page the orientation of the patient (head first vs. feet first, supine vs. prone).
3. Markers appear automatically on images.

Magnetic Resonance Imaging

Single Extremity

1. The information page of the MRI is filled out by the technologist to include the identification of the extremity to be imaged as identified by the requisition and confirmed by the patient.
2. Perform the imaging procedure on the single extremity and print film.

Label appears automatically.

Bilateral Extremity and all other images

1. Place patient on the imaging table
2. Log into the Information Page the orientation of the patient (head first vs. feet first, supine vs. prone).
3. Markers appear automatically on images.

Nuclear Medicine.

1. During imaging at least one anterior or posterior image shall be marked on the right side with a radioactive marker.
2. At least one lateral projection shall be marked with an anterior marker.
3. If this marker may lead to possible misinterpretation of the image, it shall be omitted and a text will be added on the screen.

Diagnostic Radiology

1. The technologist shall verify congruence of side to be imaged and medical history on the requisition before the patient is set up for imaging.
2. During each patient set-up for x-ray imaging, technologist shall note the side being imaged and place a lead marker ("R" or right, "L" for left) in the field of view.
3. Image shall include "R" or "L" marker as appropriate.
4. When doing a lateral, default position shall be with the left side next to the film or detector. This view should include an "L" marker.
5. If the opposite lateral (right side next to the film or detector) must be done, a "R" marker shall be included on the film.
6. Portable X-rays shall use the same system of markers.

Sonography

1. Congruence of side to be imaged (i.e. left kidney) and medical history on the requisition shall be verified before patient is set up for imaging.

2. It shall be noted whether the patient is getting a sagittal or transverse image on the film.

3. The following is the standard orientation for images in sonography

Sagittal: Head on left of image, Anterior on top

Transverse: Right on left of image, anterior on top

Coronal: Head on left of imaging
If patient is on the left side, right is on top.
If patient is on the right side, left is on top.

Mammography

1. The technologist will verify congruence of side to be imaged and medical history on the requisition before the patient is set up for imaging.
2. During each patient set-up for screening mammography, technologist shall note the side being imaged and place a correct marker for each side and projection (RCC for RT cranio-caudad projection, LCC for LT cranio-caudad projection, RMLO for RT medio-lateral oblique projection, LMLO for LT medio-lateral oblique projection) on the lateral side in the field of view.
3. During each patient set –up for diagnostic mammography, technologist will place appropriate marker for each side and special view she is about to take
4. Each Senographe 800T has a preset sequence that each technologist can choose. As long as the sequence has been chosen by the technologist they have to make sure that their marker on the film correlates with the marker that has been flashed on the film by Senographe 800T.

Interpreting Radiologist Responsibilities:

1. Review all films for consistency of anatomy with markers on film.
2. Dictate film reports noting left versus right and other appropriate sit specifications whenever appropriate.

Interventional Radiology

Nursing Responsibilities:

1. Identify the correct patient. . Compare verbal response with the information found on the patient's ID band such as name, medical record # and / or date of birth.
2. A thorough review to assess for congruency of correct site/side should be performed, including a review of the consent, patent's chart, and patient's statement.
3. Whenever feasible the patient and/or family should be interviewed to verify the site of interest.

4. Review and sign off the Universal Protocol Checklist.

Collaborative Responsibilities:

1. Immediately prior to starting the procedure a “time out” period to jointly assess the patient’s I.D., the correct procedure, and correct site/side will be taken by the entire health care team and the charting nurse will document that this process has taken place and that the team is in full agreement.
2. Document on the patient’s chart that this “time out” process has taken place. Include information as to when, where and by whom the “time out” process was done.

Radiologist Responsibilities:

1. Indicate correct surgical site/side when scheduling the procedure.
2. Identify the correct patient with information on the patient’s I.D. band and review relevant documentation including the requisition.
3. Indicate correct procedural and catheter introduction site/side on consent if applicable.
4. Post previous imaging studies on X-ray viewbox in the procedure room.
5. Verify congruency of imaging studies with procedural site/side prior to beginning the procedure. Scout images should be taken if necessary.
6. The MD will mark the site before the patient is prepared for the procedure, ideally with the participation and/or assistance of the patient. Marking for entry sites which cannot be predetermined or which are indeterminate (i.e. centrally located) is not mandatory.
7. The MD is ultimately responsible for the correct patient and the correct procedural site/side.
8. Review and sign off the Universal Protocol Checklist.

Technologist Responsibilities:

1. Image the patient.
2. Technologist labels the images electronically based on information supplied by the interventional radiologist.
3. Great care should be taken to verify the side if the patient is turned to the prone position.

Radiation Oncology

Nursing Responsibilities:

1. During chart rounds, assure correct site treatment or simulation.

Physician Responsibilities

1. Indicate correct site/side when scheduling procedure.
2. Identify the correct patient with information on the patient's I.D. band and relevant documentation.
3. Post previous imaging studies on X-ray view box in the procedure room if applicable.
4. Verify X-ray/ imaging studies congruent with procedural site/side prior to initiation of procedure.
5. The M.D. will mark the site before the patient is prepared for the procedure, ideally with the participation and /or assistance of the patient.
6. The M.D. is ultimately responsible for the correct patient and the correct procedural site/side.

Therapist Responsibilities:

1. Patient set up will be as prescribed by M.D.
2. Immediately prior to beginning the procedure, a "time out" period to jointly assess the patient's I.D., correct site/side will be taken
3. If there is a discrepancy, the procedure will not proceed until verification of the accuracy of the correct procedure/site/side has happened and the difference is reconciled

E. COMPLIANCE MONITORING

The Performance Improvement Department monitors compliance with this policy through chart reviews and feedback through the Departmental Performance Improvement meetings. Quarterly reports are presented to the Executive Performance Improvement Council.

VI. ATTACHMENTS

Patient identification, correct procedure and site verification, Universal Protocol check list.

VII. REFERENCES

National Patient Safety Goals: The Joint Commission

- "A follow-up review of wrong site surgery," *Sentinel Event Alert, Issue 24, December 5, 2001*, Joint Commission on Accreditation of Healthcare Organizations.
- "Lessons learned: Wrong site surgery," *Sentinel Event Alert, Issue 6, August 28, 1998*, Joint Commission on Accreditation of Healthcare Organizations.

- “Statement on ensuring correct patient, correct site, and correct procedure surgery,” *Bulletin of the American College of Surgeons*, Vol. 87, No. 12, December 2002.
- “AAOS launches 2003 public service ad campaign,” *AAOS Bulletin*, February 2003, American Academy of Orthopedic Surgeons’ “Sign Your Site” initiative.
- The O.R. Management Series, O.R. Manager Inc., 2003.
- Hospital Accreditation Standards 2009

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
	Yes	No	
7/03	Yes	No	Operating Room/ OR Committee
7/03	Yes	No	Anny Yeung /Assistant Vice President of Perioperative Service
10/03	Yes		Margaret Jackson/ Deputy Director of Nursing Administration
8/07	(Yes)		Adeola Dabiri / Director Regulatory Affairs
8/07	(Yes)		Joseph Osho / Vice Chair OBS/ GYN
8/07	(Yes)		Dale Distant / Chief of Transplant Division
	(Yes)		Leone Waltrous / Medical Director OBS/GYN Clinic
6/09	(Yes)		Jaycynth Blackman / Director Performance Improvement
9/09	(Yes)		Perioperative P.I. Committee
12/09	(Yes)		Patient Safety Committee
1/2012	(Yes)		Muhammad Islam / Director of Patient Safety
10/2013	(Yes)		Patient Safety Committee / Director of Patient Safety
1/2017	(yes)		Muhammad Islam/ Director patient safety



SUNY Downstate Medical Center

UNIVERSAL PROTOCOL CHECKLIST

PLACE PATIENT LABEL HERE OR FILL IN

UNIT #		
PATIENT NAME:		
MEDICAL RECORD #:	DOB:	SEX:
PHYSICIAN	SERVICE	

INSTRUCTIONS:

- All of Section I must be completed.
- The patient will be held in Pre-op. Unit/other patient care unit until site is marked.
- Attending physician will mark the site.
- Contact attending physician for clarification of any discrepancy.
- After Sections I and II are completed, the responsible clinical staff will ensure the checklist is signed.

SECTION I. COMPLETE IN PRE-OP. UNIT/OTHER PATIENT CARE UNIT (BEDSIDE PROCEDURE/AMBULATORY CARE)

Patient Identification:

- ID band checked for Name, Medical Record # and Date of Birth
- For outpatients, name and DOB is checked.
- Patient/Parent/Legal Guardian Statement
- Patient record reviewed

Verification of Surgical Site/Side:

- Left Right N/A (Not applicable)

Procedure: _____

Confirmed by:

- Patient statement
- OR schedule/Other schedule
- Informed consent
- Patient record reviewed
- Site/Side Marked by Attending physician

N/A (when not applicable, explain in comments)

Comments: _____

N/A (when not applicable, explain in comments)

Comments: _____

Clinical Staff: Print Name: _____ MD/DO/PA/NP/RN

Signature: _____ Date: _____

SECTION II. COMPLETE IN OR SUITE/OTHER PATIENT CARE UNIT (BEDSIDE PROCEDURE/AMBULATORY CARE)

Patient Identification and Site Verification:

- ID band checked for Name, Medical Record # and Date of Birth
- For outpatients, name and DOB is checked.
- Patient statement
- Patient record reviewed
- X-ray film/imaging studies (if applicable, confirmed by surgeon and a second physician)

Surgical/Procedural Site/Side marked: Yes No

Comment if NO: _____

Antibiotics Within 1 hours of Start Time: Yes No N/A

N/A (when not applicable, explain in comments)

Comments: _____

DATE: _____

Print Name: _____, RN Signature: _____, RN

Print Name: _____, MD(Physician) Signature: _____, MD

Print Name: _____, MD(Anesthesiologist) Signature: _____, MD

TIME OUT PROCESS: The Attending Surgeon/Physician, Anesthesiologist, Scrub personnel, RN, PA, NP will pause and review the patient's identity, procedure, site and side, correct position, verify ALL implants and equipment, if prophylactic antibiotics is needed, immediately prior to the start of the procedure. At the end of a procedure: A post op debriefing is done by the participating providers.

Clinical Staff: _____ Print Name Signature Date Time

MD/DO/PA/NP/RN/Physicist/ Radiation Therapist