PROCEDURAL SITE AND IDENTIFICATION VERIFICATION CHECKLIST AT BEDSIDE

Consent form states procedure to: □ Left □ Right □ N/A

Diagnostic Imaging reports state (if applicable) are for: □ Left □ Right □ N/A
□ Digit □ Cervical, Lumbar, Thoracic Spine
(circle one)

Licensed independent practitioner has marked the: □ Left □ Right □ N/A

Patient/Family has verified the site: □ Left □ Right □ N/A

Comments: _________________________________________________________________

Patient Identification:

Patient states name/birthdate □ Yes □ Unable

Armband verified □ Yes

Consent verified □ Yes

RN Signature __________________________ Date: __________________________

This form must be used for all invasive procedures done bedside requiring consent for procedure. Site marking is required per policy S-22.