

COUNTY GENERAL HOSPITAL

A MEMBER OF

MEDICINE

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.