

Date: \_\_\_\_\_

Procedure: \_\_\_\_\_

Location of site marked by person performing procedure:  Yes  No

Consent present and complete:  Yes  No

Time Out Performed at (time): \_\_\_\_\_

- Correct patient
- Correct procedure
- Correct side and/or site
- Correct patient position
- Correct implants/special equipment or requirements are available  N/A
- The above information was verified and all in attendance are in agreement

Procedure Start (time): \_\_\_\_\_

Person(s) in Attendance:

- \_\_\_\_\_  Physician  Nurse  Tech  Other \_\_\_\_\_
- \_\_\_\_\_  Physician  Nurse  Tech  Other \_\_\_\_\_
- \_\_\_\_\_  Physician  Nurse  Tech  Other \_\_\_\_\_
- \_\_\_\_\_  Physician  Nurse  Tech  Other \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Physician  Nurse  Other \_\_\_\_\_

SIGNATURE

**INVASIVE PROCEDURE  
TIME OUT FORM**

Patient Identification

(06/07)