TIME OUT

To verify the following information before beginning this procedure

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- **Patient Name**
  (RN: Read full name)
- **Date of Birth**
  (RN: Read from arm band)
- **Procedure**
  (RN read from consent)
- **Procedure Site Marked**
  (Surgeon respond)
- **Availability of correct implants and any special equipment or special requirements**
  (RN respond)
- **Position Correct**
  (Surgeon Respond)

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