

TIME OUT

Verify the following information before beginning a procedure.

- ◆ **Patient Name**
(*READ FULL NAME*)
- ◆ **DATE OF BIRTH**
(*READ FROM ARM BAND*)
- ◆ **PROCEDURE**
(*READ FROM CONSENT*)
- ◆ **PROCEDURE SITE MARKED**
- ◆ **AVAILABILITY OF CORRECT IMPLANTS, AND ANY SPECIAL EQUIPMENT OR SPECIAL REQUIREMENTS**
- ◆ **POSITION CORRECT**