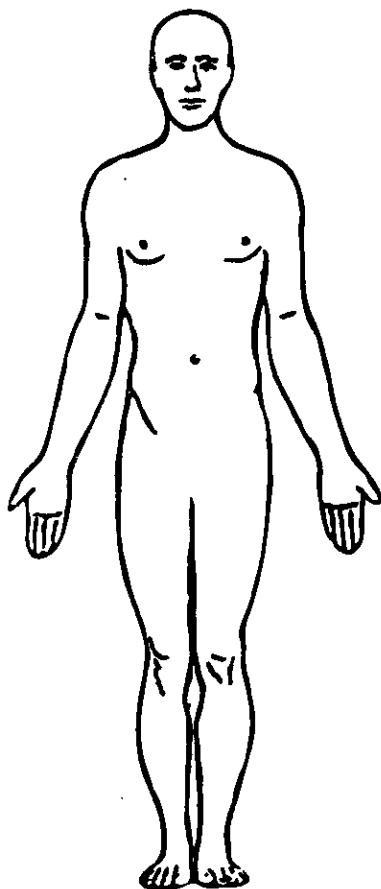


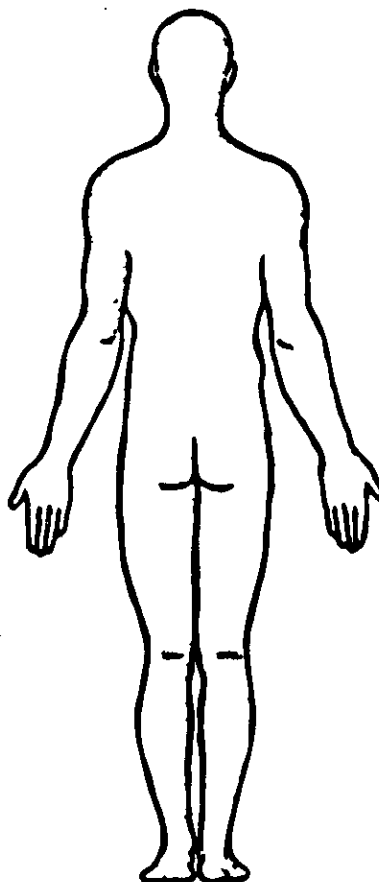
Use the diagram below for marking the correct surgical site in the following situations:

1. If the patient refuses to be marked.
2. If the surgical site involves genitalia or other site with a left/right distinction that cannot be marked.

Front



Back



Right Side

Left Side on Both

Right Side

**MARKING OF OPERATIVE SITE:**

☒ NA because single organ case, premature infant, insertion site is not determined.

☐ Location of marking

Site marked by \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Sign \_\_\_\_\_

**VERIFICATION OF SITE / SIDE:**

☐ Consistent with consent

☐ Consistent with what Patient/Family verbalized

☐ Consistent with test results

☐ Consistent with site marking

SIGN OF WARD NURSE \_\_\_\_\_

E.ID: \_\_\_\_\_

Sign of Patient/Family Member Verifying Site: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Sign of Surgeon \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_