

Weill Cornell Imaging



PROTOCOL/ VERIFICATION SHEET

For Dexa, Mammography, Ultrasound, and X-Ray:

PATIENT VERIFICATION #1:

Patient Name: _____	Employee Initials: _____
Patient DOB: _____	
Verified Script to Medicalis order: _____	

PATIENT VERIFICATION #2:

Verify Patient Name and Date of Birth to RIS facesheet
Employee Initials: _____

PATIENT VERIFICATION #3:

	Identifier #1 (Initials)
Patient Name and Date of Birth	
Prescription verification	
Verify correct procedure with patient	

Verification #3 completed by:

Print Name: _____ **Date:** _____