

Weill Cornell Imaging



PROTOCOL/ VERIFICATION SHEET

For CT, MRI, PET, and Fluoroscopy:

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 confirms body part being imaged including the side.
Employee Initials: _____

PATIENT VERIFICATION #3:

	Identifier #1 (Initials)	Identifier #2 (Initials)
Patient Name and Date of Birth		
Prescription verification		
Verify correct procedure with patient		
Contrast Verification		

Date: _____

Identifier #1 Print Name: _____

Identifier #2 Print Name: _____