

# TIME OUT BOARD

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Allergies \_\_\_\_\_

PROCEDURE \_\_\_\_\_

## Patient Position

1. Site Verification

2. Imaging Verified  
(By 2 Members)

3. Implants/  
Special Equipment Available

4. Implant Sterility  
Expiration Verified

5. Antibiotics Given

## SURGICAL CHECKLIST

1. Consent Signed

2. History & Physical

3. Blood Available/ Cell Saver

4. Radiological Exams Ordered

5. Time Out Performed

Red Not Confirmed    Green Confirmed

