



**BRONX-LEBANON
HOSPITAL CENTER**

**NON-SURGICAL IDENTIFICATION
PROCEDURE FORM**

ADDRESSOGRAPH

Order for procedure verified by:		
Consent obtained:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Source of consent:	<input type="checkbox"/> Patient	<input type="checkbox"/> Others (last name, first name, relationship):
Patient identified by:	<input type="checkbox"/> Name	<input type="checkbox"/> Medical record number on wrist band
Procedure to be done:		
Indications for procedure:		
Site of procedure:		
DONE BY:	Date and time:	Location:
Supervised by:		
Name	Signature	
1.		
2.		
Procedure description:		
Local anesthesia:	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> None <input type="checkbox"/> Other (specify)
Patient tolerated procedure well:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Equipment removed and accounted for:	<input type="checkbox"/> YES	<input type="checkbox"/> Syringes <input type="checkbox"/> Guidewires <input type="checkbox"/> Other <input type="checkbox"/> NO
Complications:	<input type="checkbox"/> YES (specify)	<input type="checkbox"/> NO
Attending/Fellow informed: (if any complications)	<input type="checkbox"/> YES (name)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Follow up studies requested: (specify)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature:	Printed Name:	