



Patient's name

DOB

MRN

Clinic

Date

Tray tracing label

SIGN IN BEFORE ANAESTHESIA

To be completed by operating surgeon

Patient's details

- Patient/carer stated name, DOB, MRN and address? Yes
- Consent confirmed? Yes
- Medical history (inc allergies) checked? Yes
- Radiographs displayed? Yes N/A
- Correct equipment/implant available? Yes
- White board completed? Yes

Procedure

- Implant surgery
- Endodontic surgery
- Periodontal surgery

R Site L

TIME OUT BEFORE PROCEDURE

All team members present and focused

Verbal 2-person check

- Patient's name, DOB, MRN confirmed? Yes
- Radiographs visible? Yes
- Procedure and site confirmed on white board? Yes
- Procedure and site confirmed by patient? Yes N/A
- 2-person countdown to site of procedure completed? Yes
- Repeat countdown if multiple procedures Yes N/A

SIGN OUT BEFORE LEAVING CLINIC

All team members present and focused

To be led by operating surgeon

- Procedure completed as planned? Yes
- All sharps accounted for and removed from tray? Yes Initials
- Post-procedure instructions discussed? Yes

Operating surgeon completing procedure

Name (PRINT)

Signature

Second registered practitioner/student

Name (PRINT)

Signature