PART I History Update (To be completed by patient)

1. Since you last saw your physician, have there been any changes in your health or medical condition?
   - NO  ❑  YES ❑  EXPLAIN: ____________________________

2. Since you last saw your physician, have you had to go to the emergency room or scheduled an emergency visit with another physician or been hospitalized?
   - NO  ❑  YES ❑  EXPLAIN: ____________________________

3. Since you last saw your physician, has there been a change in your medication?
   - NO  ❑  YES ❑  EXPLAIN: ____________________________

Patient Signature ____________________________ Date ____________________________

PART II H&P Update (To be completed by physician)

- The H&P performed within the past 30 days was reviewed, the patient was examined, and no change has occurred in the patient’s condition.

OR

- The H&P performed within the past 30 days was reviewed, the patient was examined and the following changes were noted: ____________________________

PART III Site Verification (To be completed by physician)

- The surgical site has been marked by me following a discussion with the patient or family member as appropriate.

- The surgical site has not been marked and meets the requirements for exception, such as a single organ case.

- A procedure or case done through or immediately adjacent to "natural body orifice or midline orifice" (e.g., mouth, anus, urethra) where the ultimate organ or operative/procedural site is not unilateral (right or left) Examples: Endoscopy, Cystoscopy, Hemorrhoidectomy, Colonoscopy, etc.

- Interventional cases for which the instrument / catheter site is not predetermined (e.g., Cardiac Catheterization).

- Patient refused, or Anatomically impossible to mark site or Premature infants where site making could cause permanent tattoo, or Minimal access procedures treating lateralized (right, left) internal organ, whether percutaneous or through a natural orifice. (ORANGE WRIST BAND REQUIRED)

Physician Signature ____________________________ Date / Time ____________________________