



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/address? Yes

- Consent confirmed? Yes

- Medical history (inc allergies) checked? Yes

- Radiographs displayed? Yes N/A

- Correct equipment available? Yes

- Whiteboard completed? Yes

Teeth for extraction

R Site L

	Site

Treatment in words

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TIME OUT BEFORE PROCEDURE

All team members present and focused

Verbal 2-person check

- Patient's name, DOB, MRN confirmed? Yes

- Tooth for extraction confirmed with whiteboard? Yes

- Tooth for extraction confirmed by patient? Yes N/A

- Radiographs visible? Yes

- 2-person countdown to tooth for extraction completed? Yes

- Repeat countdown if multiple procedures Yes N/A

SIGN OUT BEFORE PATIENT LEAVES CLINIC

All team members present and focused

To be led by operating surgeon

- Extraction(s) 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