PERMISSION FOR VISITORS IN THE OPERATING ROOM
Monroe Carell Jr. Children’s Hospital at Vanderbilt

Fax Completed form to (93)6-1590

Date of Request:__________________________________

Patient Name: ____________________ VUH #: ____________________

Date of Surgery: ________________________________________________

Requesting Physician: ____________________________________________

Name of Visitor: ________________________________________________

Phone Number to Contact Visitor: _________________________________

Title: __________________________________________________________

Purpose: ____________________ Educational Affiliation: ________________

Entering the 3rd floor by: __________________________________________

OR Training: ____________________ Date: ___________________________ 
(Maria Sullivan– Pager 615-835-4072 or jane.m.sullivan@vanderbilt.edu)

Any Relationship to the Patient *: _____________________

*Perioperative Policy 100-15 prohibits any family member from being present in the OR during the operative procedure.

If the visitor is a company representative present for the purpose of assisting in the use of products and/or equipment please complete the following.

I have been instructed on the proper use and handling of this equipment.

____________YES  ____________NO

The representative is properly trained to be present in the operating room environment.

____________YES  ____________NO

Consent: The patient has been informed of the presence and purpose of the individual visiting the operating room and has granted permission.

___________________________M.D.

Requesting Physician

Approved: ____________________ Date: ____________________________

John W. Brock III, M.D., Surgeon-in-Chief

(Ref: OR Policy, visitors in the OR, 9/21/00)