PERMISSION FOR VISITORS IN THE OPERATING ROOM

Patient Name, Course Title or Surgeon Shadowing
Program

Date of surgery or date range of surgeon shadowing

MOR___MCE___VCH___TVC___4-SOUTH___FEL___
Other Area

Requesting Physician

Name of Visitor

Any Relationship to the Patient

*Perioperative Policy 100-15 prohibits any friend or family member from being present in the OR during the Operative Procedure.

Purpose

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

VUMC Safety orientation complete for non-physician.

_________ YES __________ NO

VUMC visitor badge obtained for non-physician.

_________ YES __________ NO

Confidentiality Agreement signed for physician visitor.

_________ YES __________ NO __________ N/A

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

________________________________________ M.D.

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

(After the form is complete – please fax to 3-5365)