



<First Name> <LastName>
Patient ID: <Patient Id 1>

CT Operator 1 and Operator 2 Record

3 Point Patient Identification confirmed please tick box to confirm

Pregnancy Status confirmed please tick box if applicable

Verbal consent obtained for tattoos please tick box if applicable

Verbal consent obtained for set up photos please tick box if applicable

Additional Comments

OPERATOR '2' To 'SIGN OFF' document
OPERATOR '1' To 'APPROVE' document