DOPL Approved Chaperone Log

Licensee Name: _____ **Case #:** _____ **Profession:** _____

Date / Time	Patient ID or Initials	Patient Gender	Age	Procedure	Chaperone Signature	Signature in Patient's Chart
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes
		❑ Male ❑ Female				❑ Yes

Note: For confidentiality purposes use Patient Record ID or Initials Only. AVOID USING PATIENT NAME.