



# Prince Sultan Military Medical City

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وزارة الدفاع  
MINISTRY OF DEFENSE

Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-01-011 Version No: 07		
<b>Title: Patient Identification</b>		<b>JCI Code: IPSG</b>		
<i>Supersedes: 1-1-8062-01-011 Version No.06;28 January 2020</i>	<i>Issue Date:</i>	<i>Effective Date:</i> 26 OCT 2023	<i>Revision Date:</i> 25 OCT 2026	<i>Page 1 of 12</i>

### 1. PURPOSE

- 1.1 To ensure that all inpatients and outpatients are accurately identified and receive the correct intended clinical treatment or intervention to provide for safety and quality of patient processes.
- 1.2 Failure to correctly identify patients may result in wrong patient, wrong site, wrong procedures, medication errors, transfusion errors and/or diagnostic testing errors.

### 2. APPLICABILITY

All staff administering care to patients; this includes all healthcare workers and relevant clerical and support staff (i.e. Ward Clerks, Quality Coordinators).

### 3. RESPONSIBILITIES

Administration and Heads of Departments are responsible for ensuring all staff are aware of this policy and implement it accordingly.

### 4. POLICY

- 4.1 All hospital staff must:
  - 4.1.1 Use the national identity number for Saudi patients and the Iqama number for non-Saudi patients as first and essential identifiers in **all inpatient wards**, and matching the data with the patient's three names, medical number and national or iqama number in the system **upon admission**.
  - 4.1.2 Use the national identity for Saudis and the Iqama number for non-Saudi patients as a first and essential identifier in **all outpatient clinics**, and matching the data with the patient's three names, medical number and national or iqama number in the system **upon registration**.
  - 4.1.3 Correctly identify patients using unique identifiers before performing diagnostic procedures, providing treatments, and performing other procedures.
- 4.2 Patient must be identified using the following **unique identifiers**:



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- 4.2.1 The patient's full name (three names when available)
- 4.2.2 Medical Record Number (MRN)
- 4.2.3 Identification Card for Saudi Nationals or Iqama number for non-Saudi patients
- 4.3 **A patient's room/bed number must never be used in identifying a patient.**
- 4.4 All inpatients, patients seen in the emergency department, day procedure patients and outpatients must be correctly identified at the time of admission or appointment, and throughout their stay in the hospital.
- 4.5 **All inpatients must have an identification band** securely attached at the time of admission, which is then checked before any treatment, collection of samples, blood transfusion, drug administration, diagnostic test, or procedure.
  - 4.5.1 **At least two (2) unique patient identifiers** must be included on the patient's identification band, in English. The patient's **full name, medical record number and/or** Identification Card for Saudi Nationals or Iqama number for non-Saudi patients are mandatory
  - 4.5.2 **At least two (2) unique patient identifiers** must be included in the labels (the patient's **full name, medical record number and/or** Identification Card for Saudi Nationals or Iqama number for non-Saudi patients) must be written legibly in black or blue ink.
- 4.6 The patient unique identifiers are required in any circumstance involving patient interventions. **For example**, patients are identified before providing treatments (such as administering medications, blood, or blood products; serving a restricted diet tray; or providing radiation therapy); performing procedures (such as insertion of an intravenous line or hemodialysis); and before any diagnostic procedures (such as taking blood and other specimens for clinical testing or performing a cardiac catheterization or diagnostic radiology procedure).
- 4.7 At least two (2) unique patient identifiers (the patient's **full name, medical record number and/or** Identification Card for Saudi Nationals or Iqama number for non-Saudi patients) shall be used in labeling elements associated with the patient's care and treatment plan. For



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example, blood samples and pathology samples, laboratory, radiology, mortuary record/log sheets, identifying the dietary trays, labeling mother's milk that is expressed and stored for hospitalized infants, and other treatments prepared specifically for the patient.

- 4.8 All patient forms, i.e., prescriptions, orders, assessments, consents, etc. must have at least two-unique identifiers clearly documented on the right upper hand corner of the forms.
  - 4.8.1 Patient details labels (the patient's **full name, medical record number and/or Identification Card for Saudi Nationals or Iqama number for non-Saudi patients**) are written legibly in black or blue ink or patient identification label sticker are placed.
  - 4.8.2 Ensure that the patient details are correct prior to placing the patient label stickers.
- 4.9 Healthcare providers when opening the electronic medical records shall always check the unique identifiers of the medical record opened before documenting or ordering tests and procedures.
- 4.10 Patients shall be issued an identification band when attending procedural/treatment areas as outpatient and that require moderate to deep sedation such as:
  - 4.10.1 Day Medical Unit
  - 4.10.2 Day Surgical Unit
  - 4.10.3 Oncology Clinic Treatment Area
  - 4.10.4 Acute/Chronic Hemodialysis
  - 4.10.5 Endoscopy
  - 4.10.6 Dental Department (adult / pediatrics)
  - 4.10.7 Radiology Department
- 4.11 Where possible, the patient must confirm that the details on the identification band are correct before application.
- 4.12 If the patient cannot speak or understand English, an interpreter should be used.
- 4.13 In the event that the patient is unable to participate in the identification process (e.g. unconscious, mentally unstable, infant, incapacitated, under anesthesia) and in the absence of a parent (either mother or father) / carer, identification should be carried out by two hospital staff using identification information available in the Medical Records.



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- 4.14 For the safety and security of inpatient pediatric population, the parent/carer should have an identification band attached at the time of admission/first visit to the unit/ward.
- 4.15 Patient identification bands must not be removed from the patient until the discharge procedure is complete; it should then be removed before the patient leaves the hospital premises by the assigned nurse.
  - 4.15.1 If an identification band becomes soiled or unreadable, it must be removed and a new identification band must be secured on the patient.
- 4.16 Treatment, service or medical/surgical intervention will not take place if the patient cannot be identified except in life threatening situations.
- 4.17 Specimen containers must be labeled with at least two (2) unique patient identifiers (the patient's **full name, medical record number and/or** Identification Card for Saudi Nationals or Iqama number for non-Saudi patients) after collection and must be done in the presence of the patient, one patient at a time.
- 4.18 **Identification Bands:**
  - 4.18.1 A single white band should be used for patient identification.
    - 4.18.1.1 Inserts should be sealed to ensure they are durable, waterproof, secure and tamperproof.
    - 4.18.1.2 Write-on and printed barcode identification bands should be durable so that information cannot wear off.
  - 4.18.2 Identification bands must be waterproof, easy for staff to apply and have secure fasteners.
  - 4.18.3 Patient Identification bands must fit the range of sizes of patients, from the smallest newborn babies through to the largest adult.
  - 4.18.4 The ID band must be attached to the following body parts as per possibility:
    - 4.18.4.1 Right wrist
    - 4.18.4.2 Left wrist
    - 4.18.4.3 Right ankle
    - 4.18.4.4 Left ankle



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4.18.5 In an event that patient has a congenital limbs defect (without limbs), abnormal skin condition and extreme prematurity, **a newborn's cap** with patient identification information at the top, shall be applied.

4.18.6 Red plastic bands with printed labels **ALLERGY** are available to indicate if with known allergies.

4.18.7 Yellow plastic bands with printed labels **FALL RISK** are available to indicate if patient is at risk of fall.

## **5. DEFINITION OF TERMS**

5.1 **Unique Identifiers**: Refers to the patient's identification card for Saudi Nationals or Iqama number for non-Saudi patients, Medical Record Number (MRN) and the patient's full name.

5.2 **Identification Band**: A plastic band with a paper identification label placed inside, or a white write-on plastic band and/or a printer generated bar-coded band is secured on the patient (wrist and/or ankle). The label should contain at least two (2) unique patient identifiers (the patient's **full name, medical record number and/or** Identification Card for Saudi Nationals or Iqama number for non-Saudi patients)

5.3 **Patient's Full Name**: Refers to the patient's name to the third level, e.g. MOHAMMED ALI AL QAHTANI

5.4 **Treatment or Service**: For the purpose of this policy, treatment or service will refer to, but not limited to, medication administration, blood or blood product transfusion, taking blood samples and other specimens for clinical testing, medical or surgical intervention.

## **6. PROCEDURES**

### **6.1 Patient Identification – Inpatients and Day Procedure Patients:**

6.1.1 All inpatients and day procedure patients that require moderate to deep sedation must have an identification band securely attached at the time of admission by the **admitting nurse**.



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6.1.2 Where possible, the patient must confirm that the details on the identification band are correct before application. The patient should be asked to state their full name rather than asking them to agree to details being read to them as they may mishear or agree to anything being said. Avoid asking the patient to read the label and confirm if correct as some patients may be unable to read or misread the label

6.1.3 In the event that the patient is unable to identify themselves (e.g. unconscious, mentally unstable, infant, incapacitated, under anesthesia), the parent/carer/spouse must confirm that the details on the patient identification band are correct prior to attaching the band to patient.

6.1.3.1 In the absence of a parent/carer, identification should be carried out by two nurses using identification information available in the Medical Records (Saudi ID/Iqama).

6.1.3.2 A Patient Services representative may be called if adequate identification information is not available in the Medical Records.

6.1.4 The details on the identification label must also be checked against the patient's medical records before attaching the identification band to the patient.

6.1.5 When attaching the identification band, the importance of safety must be explained to the patient/parent/carer and that they should inform nursing staff if the band falls off, is removed or becomes illegible.

6.1.6 For neonates and paediatric patients, two identification bands must be secured on the patient, one band on the wrist and one on the ankle.

6.1.6.1 The parents/carer shall be identified with a band that reads "parents/carer of" plus patient's Full Name, Medical Record Number (MRN) **and/or** Saudi Nationals or Iqama number for non-Saudi patients.

6.1.6.2 Neonates / infant identification should be checked during the following situations:

6.1.6.2.1 Assessment

6.1.6.2.2 Providing treatment



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6.1.6.2.3 Prior to procedures

6.1.6.2.4 Handover

6.1.6.2.5 Patient transfer

6.1.6.2.6 On rooming-in (handing the baby to the mother), check both infant and mother's ID band to verify the right baby to the right mother.

6.1.6.2.7 Upon discharge

6.1.6.2.8 Upon death

6.1.7 Patients going to Operating Theatre (OR) must have two identification bands attached (i.e. ankle and wrist).

6.1.8 The identification band must remain on the patient throughout the hospital admission.

6.1.9 Prior to any procedures, treatment or taking of samples, the healthcare professional must positively identify the patient by checking the identification band, asking the patient (if able) their name and check against the same information in the medical record or order where applicable.

6.1.10 Checking of the patient's identification band against any request or order for treatment is required in the following, but not limited to:

6.1.10.1 Blood Transfusion

6.1.10.2 Medication Administration

6.1.10.3 Any medical procedure, treatment, surgical intervention

6.1.10.4 Taking blood or other specimen samples

6.1.10.4.1 Labeling of the specimen container after collection must be done in the presence of the patient; one patient at a time.

6.1.10.5 Radiology Tests

6.1.10.6 Transport / transfer of patients

6.1.10.7 Upon discharge

6.1.10.8 Confirmation of death



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*“NB: Double-checking is required by two (2) healthcare workers for some of the above-listed as per related Policies.”*

- 6.1.11 Where it is essential to remove an identification band for medical procedures, a new identification band must be reattached to an alternate location on the patient immediately, by the person who has removed the previous identification band.
  - 6.1.11.1 The patient's full name and medical record number must be written on the new band and confirmed by a patient or carer/parent.
  - 6.1.11.2 In the event that the patient cannot confirm the identification details (e.g. under anesthesia, mentally unstable), two healthcare professionals must check the new band against the old band before it is removed from the patient, and also check the details against the patient's medical record file.
  - 6.1.11.3 The re-banding process including reasons for removal should be documented in the patient's medical and/or nursing notes.
- 6.1.12 If an identification band becomes soiled or unreadable, it must be removed and a new identification band must be secured on the patient. Please refer to **6.1.2**.
- 6.1.13 In the event that the identification band cannot be attached to the patient's wrist or ankle, the band must be securely attached to a visible part of the patient's body. Reasons for not securing the band as per the usual practice must be documented in the patient's medical and/or nursing notes.
- 6.1.14 Patients who are transferred between wards must have their identification band checked and confirm identity as part of the transfer process, as soon as they arrive in their new ward by the transferring and receiving nurse.
- 6.2 In the outpatient setting, the healthcare provider attending the patient shall check the national identity for Saudis and the Iqama number for non-Saudi patients, medical record number and full name against the requisition, prescription, appointment and/or order form with the patient/guardian.
- 6.3 **Unknown patients**



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- 6.3.1 For unknown identity or unconscious patients brought in the Emergency Department i.e., trauma patients, identification can be made by Patient Registration.
- 6.3.2 The identity band must state “xxx1”, “xxx2”, “xxx3”, and so on (as code name for the unknown patient) and the temporary assigned ED unique Medical Record Number (MRN).
- 6.3.3 Once patient’s identity established, all medical record files shall be updated with the assigned medical record number.
- 6.3.4 In the event of Mass Casualty Incident (MCI) incident, all patients will be given a temporary identification until such time their ID is confirmed. Refer to Emergency Response Plan Mass Casualty Incident-Receiving Hospital Trauma Policy No. 1-1-8018-03-137.

### 6.4 For Newborn Patient Identification

- 6.4.1 All newborns must be tagged by the primary Registered Midwife and Registered Nurse who are attending the delivery using:
  - 6.4.1.1 ID band
- 6.4.2 The newborn shall be fitted with two (2) identification bands, one (1) on the right ankle and one (1) on the left ankle immediately after delivery.
- 6.4.3 The newborn’s identification bands shall be coded with the following information:
  - 6.4.3.1 ID band should start with **Baby of** and/or **B/O**
  - 6.4.3.2 Mother’s complete name
  - 6.4.3.3 Baby’s MRN
  - 6.4.3.4 Mother’s MRN **and/or** national identity for Saudis or the Iqama number for non-Saudi patients
  - 6.4.3.5 Date and time of birth
  - 6.4.3.6 Gender of the baby
    - 6.4.3.6.1 For undetermined gender, refer to the Pediatrician for further advices.
  - 6.4.3.7 If multiple pregnancies, document as follows:



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6.4.3.7.1 For Twin 1 = **Twin A**

6.4.3.7.2 For Twin 2 = **Twin B**

6.4.3.7.3 For Triplet 1 = **Triplet A**

6.4.3.7.4 For Triplet 2 = **Triplet B**

6.4.3.7.5 For Triplet 3 = **Triplet C**

6.4.3.8 All newborn identification information must be documented in the Newborn's Identification Form # 7540-761-0020.

### 6.5 Patients who do not wear identification band

6.5.1 In an event that the patient are reluctant or unable to wear an identification band, such as those who refuse to wear, the band causes skin irritation and/or patient removes the ID band; the patient must be informed of the potential risks of not wearing an identification band. The discussion and the reasons for the patient not wearing must be clearly documented in the patient's clinical progress notes. Primary identification shall be carried out as described in 6.1.2 and 6.1.3

### 6.6 Patients who cannot wear an ID band

6.6.1 For patients who cannot wear an identity band, because of their condition or treatment and who are unable to identify themselves, i.e. an unconscious patient suffering severe burns, or major multiple trauma, a risk assessment must be carried out and identity check by two healthcare workers prior to any treatment, procedures and/or diagnostic procedures and all measures taken to reduce the risk of patient misidentification.

6.6.1.1 Reconfirmation of the patient's identity with staff at each shift change: this must be recorded in the patient's records.

6.6.1.2 Cross-referencing of all identifying information.

6.6.2 In an event that patient has a congenital limbs defect (without limbs), abnormal skin condition and extreme prematurity, **a newborn's cap** with patient identification information at the top, shall be applied.



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6.6.3 The presence and accuracy of these must be checked by the responsible Clinical Staff at the beginning of each episode of care.

### 6.7 Errors in Patient Identification:

6.7.1 All staff must report all safety incidents related to patient's identification using the incident reporting process. This includes incidents such as: "near misses", patients not wearing an identification band, identification band with incorrect information, incorrect patient identification and incorrectly labeled notes/forms in the patient's medical record file.

## 7. REFERENCES

- 7.1 Australian Commission on Safety and Quality in Healthcare, <http://safetyandquality.gov.au/our-work/patient-identification/a-national-standard-for-patient-identification-bands-in-australia/> (accessed 22.01.2014)  
[http://www.ruh.nhs.uk/about/policies/documents/clinical\\_policies/blue\\_clinical/Blue\\_775\\_Patient\\_Identification\\_Policy.pdf](http://www.ruh.nhs.uk/about/policies/documents/clinical_policies/blue_clinical/Blue_775_Patient_Identification_Policy.pdf) (accessed 09.01.15)
- 7.2 Joint Commission International Accreditation Standards for Hospitals, 7<sup>th</sup> edition - International Patient Safety Goal #1 (2020)
- 7.3 National Hospital Standards, Third Edition 2015, Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI)
- 7.4 Patient Identification – World Health Organization, <http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution2.pdf> (accessed 22.01.2014)
- 7.5 Positive Identification of Patients



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### 8. APPENDICES

8.1 Appendix 1, Newborn Identification Form No. 7540-761-0020

### 9. CONTRIBUTING DEPARTMENT/S

9.1 Medical Administration

9.2 Executive Nursing Affairs

9.3 Patient Affairs

9.4 Social Services

Compiled by: International Patient Safety Goals (IPSG) Team	Signature:	Date: 11/10/2023
Reviewed by: • Dr Turki Al Mutairi Executive Director of Nursing Affairs	Signature:	Date: 24 OCT 2023
• Lt. Col. Ali Sultan Al Sultan Director of Patient Affairs	Signature:	Date: 15/10/2023
• Maj. Khalid Sultan Al Muhaidli Director of Social Services Department	Signature:	Date: 17/10/2023
Reviewed by: Brig. Gen. Dr. Abdulelah Mohammed Hummadi Continuous Quality Improvement & Patient Safety (CQI&PS)	Signature:	Date: 23/10/2023
Authorized by: Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration	Signature:	Date: 25/10/2023
Authorized by: Brig. Gen Dr. Rashed Al Otaibi Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT)	Signature:	Date: 25/10/2023
Approved by: Maj. Gen. Khalid Abdullah Al Hudaithi General Executive Director of Prince Sultan Military Medical City	Signature:	Date: 26/10/2023