REGISTER OF OPERATIONS

Date of Operation	Hospital Number	Room No.	Patient Name	Age	O.R. No.	Surgeon	Assistants	Anesthetist	Anesthesia	Scrub Nurse	Circulating Nurse	COUNTS			Major	Minor	
												Sponge	Inst.	Needle			

BINDING MARGIN - NO PRINTING

FORM G-158

Bound-book style. Size 16-3/4" x 10-1/2". Double-page spread. 30 lines per page.
Binding: Blue cloth with red corners and back.

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REGISTER OF OPERATIONS

	Preoperative Diagnosis and/or Condition	Postoperative Diagnosis	OPERATION	Drains and Packs	Anesthesia Time		Operation Time		Specimen	Complications	Postoperative Condition
					Began	Ended	Began	Ended			