SAME-DAY SURGERY REGISTER

ADMISSION			PATIENT NO.	PATIENT NAME			ADDRESS		TELEPHONE NO.	DATE OF BIRTH	SEX	ORIGIN OF PATIENT	CONDITION ON ARRIVAL	PHYSICIAN
DATE	TIME	A.M. or P.M.		LAST	FIRST	MIDDLE	STREET	CITY, STATE						

FORM G-160

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.

If you have any questions about our other products, or if you would like to place an order, please contact us toll-free at 1-800-323-9268.

PLEASE NOTE:
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BINDING MARGIN - NOPRINTING

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	SURGICAL PROCEDURE	TIME PROCEDURE		ANESTHESIA	TIME IN RECOVERY	COMMENTS	DISCHARGE TIME	DISPOSITION	FOLLOW-UP AND CALL
		BEGAN	ENDED						