ANESTHESIA REGISTER

Date	NAME OF PATIENT	AGE	ROOM NO.	HOSP. NO.	ANES-THETIC NO.	NAME OF SURGEON	OPERATION	PREANESTHESIA					ANESTHETIC		
								ASA Condition	Pulse	Respi-ration	Blood Pressue	Medication	Local	Ethran	Halo-thane

ANESTHESIA REGISTER

	AGENT AND METHOD						DURATION		POSTANESTHESIA					COMPLICATIONS		NAME OF ANESTHETIST	OPERATING ROOM NO.	REMARKS	CHARGES
	MAC	Diprivan	Fentanyl	Sodium Pentothal	Spinal	Other	Anes-thetic	Opera-tion	Condi-tion	Pulse	Respi-ration	Color	Blood Pressure	During Anesthesia	After Anesthesia				