**SURGEON** | **FIRST ASSISTANT** | **SECOND ASSISTANT**  
--- | --- | ---  
**ANESTHETIST** | **ANESTHETIC** | **TIME BEGAN:**  
--- | --- | ---  
**CIRCULATING NURSE** | **SCRUB NURSE** | **TIME OPERATION BEGAN**  
--- | --- | ---  
**OPERATIVE DIAGNOSES**  
---  
**DRAINS (Kind and number)**  
---  
**SPONGE COUNT VERIFIED**  
---  
**MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION**  
---  
**OPERATION PERFORMED**  
---  
**DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)**  
---  
**PROSTHETIC DEVICES (lot no.)**  
---  
**DATE OF OPERATION**  
---  
**SIGNATURE OF SURGEON**  
---  
**DATE**  
---  
**PATIENT'S IDENTIFICATION** (For typed or written entries give: Name - last, first, middle; grade, date, hospital or medical facility)  
---  
**REGISTER/I.D. NO.**  
---  
**WARD NO.**  
---