

MEDICAL RECORD**OPERATION REPORT**

PREOPERATIVE DIAGNOSIS

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
ANESTHETIST	ANESTHETIC		TIME BEGAN:
CIRCULATING NURSE	SCRUB NURSE	TIME OPERATION BEGAN	TIME ENDED:
OPERATIVE DIAGNOSES			TIME OPERATION COMPLETED

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.

**OPERATION REPORT
Medical Record****STANDARD FORM 516** (REV. 5-83)
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