MEDICAL RECORD

OPERATION REPORT

SPONGE COUNT VERIFIED

PREOPERATIVE DIAGNOSIS

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

DRAINS (Kind and number)

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

OPERATION PERFORMED

DESCRIPTION OF OPERATION (<i>Type</i> (s) of suture used, gross findings, etc.) PROSTHETIC DEVICES (Lot no.)	ERATION
---	---------

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) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505