

# OPERATION RECORD

NAME : \_\_\_\_\_  
DATE OF BIRTH : \_\_\_\_\_ SEX : \_\_\_\_\_  
ADMIT DATE : \_\_\_\_\_ ROOM NO. : \_\_\_\_\_  
MRN : \_\_\_\_\_ EPISODE NO. : \_\_\_\_\_

SURGEON: \_\_\_\_\_

ASSISTANT: \_\_\_\_\_

ANAESTHETIST: \_\_\_\_\_

SCRUB NURSES: (1) \_\_\_\_\_

(2) \_\_\_\_\_

DATE: \_\_\_\_\_

TIME STARTED

TIME ENDED


ANAESTHESIA:

GENERAL

LOCAL

SPINAL

OTHERS

PREOPERATIVE DIAGNOSIS:

POST-OPERATIVE DIAGNOSIS:

OPERATION:

EMERGENCY

YES

NO

MATERIAL(S) SENT FOR PATHOLOGY

OPERATIVE FINDINGS:

(Note: Drugs To Be Written On Medication Chart)

SIGNATURE OF SURGEON:

FINDINGS: (cont)

POST-UP INSTRUCTIONS:

(Note: Drugs To Be Written On Medication Chart)

SIGNATURE OF SURGEON: