

	<h1>Bureau of Corrections</h1>	Document Reference Code <b>NBP-WI-004-F094</b>	
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<b>DEPARTMENT OF SURGERY OPERATIVE TECHNIQUE</b>		Page 1 of 1	

DEPARTMENT OF SURGERY

Date: \_\_\_\_\_

Nature of Operation: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Prison No.: \_\_\_\_\_

Ward: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Assistant \_\_\_\_\_

Surgeon: \_\_\_\_\_

Anesthesiologist: \_\_\_\_\_

Type of Anesthesia: \_\_\_\_\_ Quantity: \_\_\_\_\_

Time Given: \_\_\_\_\_ Time

Finished: \_\_\_\_\_

Cutting Time: \_\_\_\_\_ Time

Finished: \_\_\_\_\_

Circulating Nurse: \_\_\_\_\_ Sterile Nurse

: \_\_\_\_\_

Scrub Nurse I: \_\_\_\_\_ Nurse

II: \_\_\_\_\_

Instrument, Needles, Sponge

Count: \_\_\_\_\_

**OPERATIVE TECHNIQUE**