

	<h1>Bureau of Corrections</h1>	Document Reference Code <b>NBP-WI-004-F091</b>	
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<b>PROPOSAL FOR SCHEDULE OF OPERATION</b>		Page 1 of 1	

**PROPOSAL FOR SCHEDULE OF OPERATION**

DATE OF OPERATION: \_\_\_\_\_

OPERATING ROOM NURSE SUPERVISOR: \_\_\_\_\_

CUTTING: \_\_\_\_\_

TIME	NAME OF PATIENT		PRISON NUMBER	AGE	DIAGNOSIS	OPERATION	ANESTHESIA	SURGEON
	FIRST NAME	LAST NAME						

\*Extra Special preparation requested: \_\_\_\_\_

**RECOMMENDED BY:**

**Noted By:**

\_\_\_\_\_  
Surgeon

\_\_\_\_\_  
Anaesthesiologist

\_\_\_\_\_  
OR Nurse Supervisor

\_\_\_\_\_  
OIC, Chief of Clinic

**APPROVED BY:**

\_\_\_\_\_  
Chief, NBP Hospital

BUREAU OF CORRECTIONS  
MEDICAL & DENTAL DIVISION  
City of Muntinlupa

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