**Hospital Operation Application Form of the First Hospital of China and Cambodia**

Date of application: at about

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient's name |  | Sex |  | Age |  | | Application Section |  | Bed Number |  |
| Inpatient Number |  | | | SIGNATURE | |  | SIGNATURE TIME |  | | |
| Current Diagnosis |  | | | | | | | | | |
| Name of proposed operation |  | | | | | | | | | |
| Date of proposed operation | Year month day | | | | | | | | | |
| Anesthetic method |  | | Anesthetist |  | | | Application Doctor |  | | |
| Operative Doctor |  | | Assistant |  | | | Approval by Head of Division |  | | |
| Remark |  | | | | | | | | | |

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