

**Pathologist**

Dr.Med. Micheal Borrelia  
Oxford street  
06008

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**Patient**

**Name** :  
**Born On** :  
**Age** : No Unit of Age  
**Sex** : Male

**Operation**

**Sg No.** :  
**Sg Date:** :  
**OP Room** :  
**Req. OU** :  
**Dept** :

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**Preparations****Number Preparation**

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Hip replacement

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**Diagnoses**

Hip pain

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**Questions**

Dr.Med. Karen Ross  
**Employee Responsible**