



ARUSHA CITY HOSPITAL

OPERATION NOTES

Patient's Name.....Age.....Sex.....Date.....Reg.No.....

Pre-operative Diagnosis.....

Operation done.....

MAJOR	MINOR

Surgeon.....Assistant.....Scrub Nurse.....

Anaesthetist.....Anaesthesia.....

PROCEDURE DESCRIPTION

Post-Operative prescriptions:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Post-Operative Diagnosis:.....Duration of Operation

HOURS	MINUTES

Blood loss.....Swabs/ Gauze count.....Signature