

Name:

FAITH MEDIPLEX

1, Giwa-Amu/Airport Road, P.O. Box 4307Benin City, Edo State, Nigeria.

OPERATIVE NOTE

Sex_

Age_

PERATIVE	NOTE	
_Bed No	Hosp. No	Date of the last
Date		-

Pre-operative Diagnosis ————		OPERATIVE NOTE
Post OP Diagnosis		
Surgeon		
Assistant		
Anaesthetist ————	BASIN'S SELVEN N. N. S. SANSEN N. SINCH MISSEN SERVEN SERVEN SERVEN N. N. S. SANSEN SERVEN SE	
Scrub Nurse	COPYCLES AND	
	- 1	
Type of Anaesthesia	Pridata Addition of Children and American Strate Commission of the Children of Children	
Duration of Surgery		
Operation		
Findings:		
		mmediate Post-OP Condition
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