



# FAITH MEDIPLEX

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

## OPERATIVE NOTE

Date \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Bed No \_\_\_\_\_ Hosp. No \_\_\_\_\_

Pre-operative Diagnosis \_\_\_\_\_

Post OP Diagnosis \_\_\_\_\_

Surgeon \_\_\_\_\_

Assistant \_\_\_\_\_

Anaesthetist \_\_\_\_\_

Scrub Nurse \_\_\_\_\_

Type of Anaesthesia \_\_\_\_\_

Duration of Surgery \_\_\_\_\_

Operation \_\_\_\_\_

Findings: \_\_\_\_\_

## OPERATIVE NOTE

Immediate Post-OP Condition \_\_\_\_\_