

## نموذج تنويم مريض

| بيانات خاصة بالمريض                         |             |
|---|-------------|
| الاسم:                                      | patient     |
| السن:                                       | 22          |
| العنوان:                                    | cairo       |
| رقم الهاتف:                                 | 01558854716 |
| تاريخ الدخول:                               | 2023-08-23  |
| توقيت الدخول:                               | 12:00       |
| التشخيص:                                    | danger      |
| الاجراء الجراحي:                            | danger      |
| الجهة التابع لها:                           | danger      |
| الرقم القومي:                               | 01558854716 |
| رقم الغرفة:                                 | 5           |
| بيانات خاصة بالطبيب                         |             |
| الطبيب المعالج:                             | doctor      |
| الطبيب المحول:                              |             |
| المستشفى المحول منه:                        |             |
| بيانات خاصة بأقارب المريض من الدرجة الأولى: |             |
| الاسم:                                      | kin         |
| الصفة:                                      | brother     |
| الرقم القومي:                               | 01024824716 |
| رقم الهاتف:                                 | 01024824716 |
| رقم هاتف آخر:                               | 01024824716 |

|  |  |
|--|--|
| 01558854716<br>كود المريض  | موافقة مشفوعة بالعلم على إجراء أو جراحة<br><b>Informed consent for procedure or surgery</b>  |
| رقم الغرفة: 5 التاريخ: patient 12:00 اسم المريض<br>كود الطبيب: 01024824716 تليفون المريض: doctor 01558854716 الطبيب الاستشاري  |  |
| انا الموقع ادناه:<br><input type="checkbox"/> المريض <input type="checkbox"/> ولي الامر <input type="checkbox"/> القريب<br>(بيان القرابة .....)<br>أوافق على إجراء العملية / الإجراء التالي:<br>.....<br>.....<br>.....  | I the undersigned:<br><input type="checkbox"/> Patient <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative<br>(Relationship to patient .....)<br>I consent to undergo the following operation or procedure<br>.....<br>.....<br>.....  |
| <b>Doctor's statement توضيح الطبيب</b>   |  |
| لقد قمت بشرح حالة المريض الصحية وتو توضيح ما يلي:<br>شرح العملية أو الإجراء.<br>الاستفادة،<br>المضاعفات الجانبية والمخاطر التي قد تنتج عن العملية.<br>النتيجة المحتملة من العملية.<br>البدائل المتوفرة والمضاعفات والمخاطر لتلك البدائل.<br>المخاطر المحتملة في حالة عدم إجراء العملية.<br>وقد تم إعطاء المريض الوقت الكافي للاستفسار وطرح الأسئلة<br>وتم الإجابة عليها. | I have explained:<br>The patient's education.<br>The nature of the operation or procedure, including other care, treatment or medications.<br>Potential benefits, risks or side effects of the operation or procedure, including potential problems that might occur during recuperation.<br>The likelihood of achieving treatment goals.<br>Reasonable alternatives & the relevant risks, benefits & side effects related to such alternatives, including the possible results of not receiving care or treatment.<br>I have given the patient / substitute decision maker an opportunity to:<br>Ask questions about any of the above matters.<br>Raise any other concerns which I have answered as fully as possible |
| <b>The following Applies to high risk surgery فيما يلي يطبق على العمليات شديدة الخطورة</b>   |  |
| هناك بعض المضاعفات والمخاطر الخاصة بهذا النوع من العمليات والتي تتضمن:<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....   | There are some risks / complications, which may happen specifically with this type of surgery. They include:<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....   |

المقر بما فيه الشاهد الطبيب المعالج

Patient Witness Treating physician

patient ..... doctor

## Procedure report

(To be completed before patient leaves procedure area)

Main responsible physician (MRP): doctor Assistant: .....

Anesthesiologist: ..... Assistant .....

Category of the procedure:

1- ☐ Minor ☐ Intermediate ☐ Major

2- ☐ Elective ☐ Emergency

3- ☐ Clean ☐ Clean contaminated ☐ Contaminated ☐ Dirty

Type of anesthesia ☐ General ☐ Spinal ☐ Sedation ☐ Regional ☐ Local

Registry number of any implantable device: .....

Pre-procedure diagnosis: .....

Post procedure diagnosis: .....

Procedure name: .....

Specimen sent for investigation: ☐ No ☐ Yes

Biopsy sent for investigation: ☐ No ☐ Yes

Specify the nature of the specimen or biopsy if sent for investigations:

Intraprocedural complications: ☐ No ☐ Yes : Specify .....

Blood loss: ☐ No ☐ Yes (estimate amount of blood loss .....

Blood / Blood products transfused ☐ No ☐ Yes

(Estimate amount of blood / blood products transfused .....)

List of procedure steps:

MRP's name: doctor Signature: ..... Code: 01024824716

Date: 2023-08-23 Time: 12:00

Full Procedure steps if possible: .....

MRP's name: doctor Signature: ..... Code:01024824716 Date: 2023-08-23 Time: 12:00

(To be completed before patient leaves procedure area)

(Vital Q h, care of the drain & evacuate every h, Urine catheter ☐ care ☐ remove. Canula ☐ care ☐ Remove, ☐ Mobilize Patient ☐ Strict bed rest)

Medications: ..... الوصفات الدوائية

☐ Patient can go home if No complications after ..... Hours

□ .يسمح بخروج المريض بعد ..... ساعة, فى حالة عدم وجود مضاعفات

☐ Don't discharge patient until the MRP comes to discharge or telephone order.

لا يسمح بخروج المريض حتى يمر عليه الطبيب المعالج او يأمر بخروجه تليفونيا □

MRP's name: doctor Signature: ..... Code: 01024824716

Date: 2023-08-23 Time: 12:00

[illegible]



|  |      |                                 |                     |                   |           |
|--|------|---------------------------------|---------------------|-------------------|-----------|
|  |      |                                 |                     |                   |           |
| Family History   |      | Social History & special habits |                     |                   |           |
|  |      |                                 |                     |                   |           |
| <b>Systems review</b>  |      |                                 |                     |                   |           |
| General  |      |                                 |                     |                   |           |
| Skin & Lymph   |      |                                 |                     |                   |           |
| Head & ENT   |      |                                 |                     |                   |           |
| Cardiac  |      |                                 |                     |                   |           |
| Respiratory  |      |                                 |                     |                   |           |
| GIT  |      |                                 |                     |                   |           |
| Genitourinary  |      |                                 |                     |                   |           |
| Musculo-skeletal   |      |                                 |                     |                   |           |
| CNS  |      |                                 |                     |                   |           |
| Sexual   |      |                                 |                     |                   |           |
| Eye problems   |      |                                 |                     |                   |           |
| <b>Pain assessment</b>   |      |                                 |                     |                   |           |
| Does the patient complain of pain <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Specify the following |      |                                 |                     |                   |           |
| Location   | Type | Severity                        | Aggravating Factors | Relieving Factors | Radiation |
|  |      |                                 |                     |                   |           |
| <b>Past medical history</b>  |      |                                 |                     |                   |           |





[illegible]

..... الاسم: ..... التوقيع: .....

# Medical Report

Name: patient Age: 22 ID: 01558854716

Date of admission: 2023-08-23 Date of discharge: 12:00

|                                     |        |
|-------------------------------------|--------|
| Complaint<br>شكوى المريض            |        |
| History<br>التاريخ المرضي           |        |
| Examination<br>الفحص الطبي          |        |
| Investigations<br>التحاليل والاشعات |        |
| Diagnosis<br>التشخيص                | danger |

|  |  |
|--|--|
| Treatment<br>العلاج                    |  |
| Recommendations<br>التوصيات الطبية     |  |
| Date of reevaluation<br>موعد الاستشارة |  |

Attending physician: ..... MRP: doctor

| Consultation / Referral request form                |   |                     |                  |            |             |
|---|---|---------------------|------------------|------------|-------------|
| To be filled by referring<br>Doctor or his delegate | Patient Name: patient Room No: 5 Date: 2023-08-23<br>Consultant Name: doctor Code: 01024824716 Patient Telephone:<br>01558854716  |                     |                  |            |             |
|   | To: Consultant Name:<br><input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency<br><input type="checkbox"/> For opinion <input type="checkbox"/> Treatment <input type="checkbox"/> Take over |                     |                  |            |             |
|   | Review details:   |                     |                  |            |             |
|   | <table border="1"> <tr> <td>Doctor Name; doctor</td> <td>Date: 2023-08-23</td> </tr> <tr> <td>Signature:</td> <td>Time: 12:00</td> </tr> </table>   | Doctor Name; doctor | Date: 2023-08-23 | Signature: | Time: 12:00 |
| Doctor Name; doctor                                 | Date: 2023-08-23  |                     |                  |            |             |
| Signature:  | Time: 12:00   |                     |                  |            |             |
| To be filled by Consulted<br>Doctor or his delegate | Consultation report:  |                     |                  |            |             |
|   | <table border="1"> <tr> <td>Doctor Name; doctor</td> <td>Date: 2023-08-23</td> </tr> <tr> <td>Signature:</td> <td>Time: 12:00</td> </tr> </table>   | Doctor Name; doctor | Date: 2023-08-23 | Signature: | Time: 12:00 |
|   | Doctor Name; doctor   | Date: 2023-08-23    |                  |            |             |
| Signature:  | Time: 12:00   |                     |                  |            |             |
|   |   |                     |                  |            |             |

|   |  |
|---|--|
| 01558854716<br>كود المريض   | موافقة مشفوعة بالعلم على<br>التخدير<br>Informed consent for anesthesia |
| رقم الغرفة: 5 التاريخ: patient 12:00: أسم المريض<br>كود الطبيب: 01024824716 تليفون المريض: doctor 01558854716: الطبيب الاستشاري |  |

|   |  |
|---|--|
| <p>انا الموقع ادناه:</p> <p><input type="checkbox"/> المريض <input type="checkbox"/> ولي الامر <input type="checkbox"/> القريب</p> <p>(بيان القرابة .....)</p> <p>أوافق على إجراء التخدير:</p> <p><input type="checkbox"/> كلي <input type="checkbox"/> نصفي <input type="checkbox"/> موضعي <input type="checkbox"/> عصبي</p> <p>للاجراء التالي: .....</p> <p>.....</p> | <p>I the undersigned:</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative<br/>(Relationship to patient .....)</p> <p>I consent to undergo the following anesthesia</p> <p><input type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> regional<br/><input type="checkbox"/> Epidural <input type="checkbox"/> Nerve block</p> <p>For the following procedures:</p> <p>.....</p> <p>.....</p> |
|---|--|

|  |
|--|
| <b>Doctor's statement توضيح الطبيب</b> |
|--|

|   |  |
|---|--|
| <p>لقد قمت بشرح حالة المريض الصحية وتو توضيح ما يلي:</p> <p>شرح إجراءات التخدير والهدف منها ودرجة خطورتها بواسطة طبيب التخدير</p> <p>البدائل المتوفرة والمضاعفات والمخاطر لتلك البدائل.</p> <p>المخاطر المحتملة في حالة عدم إجراء التخدير</p> <p>وقد تم إعطاء المريض الوقت الكافي للاستفسار وطرح الأسئلة وتم الإجابة عليها.</p> | <p>I have explained:</p> <p>The patient's education.</p> <p>The nature of the anesthesia</p> <p>Potential benefits, risks or side effects of the anesthesia</p> <p>, including potential problems that might occur during recuperation.</p> <p>Reasonable alternatives &amp; the relevant risks, benefits &amp; side effects related to such alternatives, including the possible results of not receiving care or treatment.</p> <p>I have given the patient / substitute decision maker an opportunity to:</p> <p>Ask questions about any of the above matters.</p> <p>Raise any other concerns which I have answered as fully as possible</p> |
|---|--|

|  |
|--|
| <b>The following Applies to high risk anesthesia فيما يلي يطبق على التخدير شديدة الخطورة</b> |
|--|

|  |   |
|--|---|
| <p>هناك بعض المضاعفات والمخاطر الخاصة بهذا النوع من التخدير والتي تتضمن:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>There are some risks / complications, which may happen specifically with this type of surgery. They include:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
|--|---|

المقر بما فيه الشاهد الطبيب المعالج

Patient Witness Treating physician

patient ..... doctor

|  |   |
|--|---|
| <p>01558854716</p> <p>كود المريض</p>   | <p>موافقة مشفوعة بالعلم على نقل الدم ومشتقاته</p> <p><b>Informed consent for Blood &amp; blood products transfusion</b></p> |
| <p>رقم الغرفة: 5 التاريخ: patient 12:00 اسم المريض</p> <p>كود الطبيب: 01024824716 تليفون المريض: doctor 01558854716 الطبيب الاستشاري</p> |   |



## danger:العملية الجراحية

تاريخ اجراء العملية 23-08-2023 : . الساعة: 12:00 تعليم مكان العملية □ يمين □ يسار

### إجراءات التحضير بالقسم

ضع علامة ( √ ) لما تم عمله

|   |   |    |   |   |   |
|---|---|----|---|---|---|
|   |   |    |   |   |   |
| 1 | التأكد من شخصية المريض وشريط الرسغ                        | 10 | ○ | إذا لم يكن المريض صائماً. متى تناول آخر وجبة ونوعها | ○ |
| 2 | حلاقة منطقة الجراحة وتحضير الجلد                          | 11 | ○ | إتمام الفحوصات - الأشعة - الملاحظات - رسم القلب.    | ○ |
| 3 | تم تحديد موضع الجراحة بالعلامات بواسطة السيد نائب الجراحة | 12 | ○ | توفير الدم - الفصيلة - كمية الدم                    | ○ |
| 4 | حمام المريض ونظافته                                       | 13 | ○ | التأكد من امضاء إقرار الموافقة على الجراحة والتخدير | ○ |
| 5 | ارتداء المريض ملابس العمليات                              | 14 | ○ | إعطاء الادوية قبل العملية                           | ○ |
| 6 | إزالة المجوهرات واطقم الاسنان وخلافه                      | 15 | ○ | إتمام استكمال ملف المريض وإرساله مع المريض          | ○ |
| 7 | الاحتفاظ بمتعلقات المريض الشخصية بالقسم                   | 16 | ○ | اخذ القراءات الحيوية للمريض                         | ○ |
| 8 | تبول المريض قبل اجراء العملية                             | 17 | ○ | إعطاء الادوية قبل العملية طبقا لتعليمات الطبيب      | ○ |
| 9 | .....:صوم المريض قبل اجراء العملية لمدة                   |    | ○ |   | ○ |
|   |   |    | ○ |   | ○ |

ممرض القسم الداخلي توقيع الطبيب المسؤول

.....

## Intraoperative nurses record ملاحظات التمريض اثناء العملية الجراحية

patient:التاريخ: 23-08-2023 رقم الملف الاسم

danger:تشخيص ما قبل العملية

danger:العملية

تشخيص ما بعد العملية

طبيب التخدير doctor :الجراح

مساعد الجراح: مساعد التخدير:

بداية التخدير: نهاية التخدير

بداية العملية: نهاية العملية

وضع المريض: ☐ على ظهره. ☐ على بطنه ☐ على الجانب الايسر ☐ على الجانب الأيمن

☐ أخرى :

مكان الكانيولا او الخط الوريدي: ☐ الذراع الأيمن ☐ الذراع الايسر

☐ CVP ☐ Swan Ganz ☐ Arterial line ☐ Others :طبيعة الخط الوريدي

تحضيره إعطاء الدم

| بعد العملية | اثناء العملية | بعد العملية |
|-------------|---------------|-------------|
|             |               |             |

حالة الجلد قبل العملية

تركيب قسطرة : ☐ بالعمليات ☐ بالقسم الداخلي

تركيب درنقة: ☐ حصيرة ☐ بورتفاك ☐ أنبوبة صدرية ☐ أخرى

أخذ عينة: ☐ مزرعة ☐ تحليل نسيجي ☐ تحليل نسيجي مجمد ☐ خلوي

ممرض العمليات : .....

ممرض الدوار والمناول : .....

ساعة الانتهاء : .....

ممرض / فني التخدير : .....

## Pathology report

اسم المريض patient

المال ف

رق: م

Diagnosis: danger

Surgical procedure: danger

تاريخ إجراء العملية: 23-08-2023

## Operative Note





## Specimens

doctor : اسم الجراح



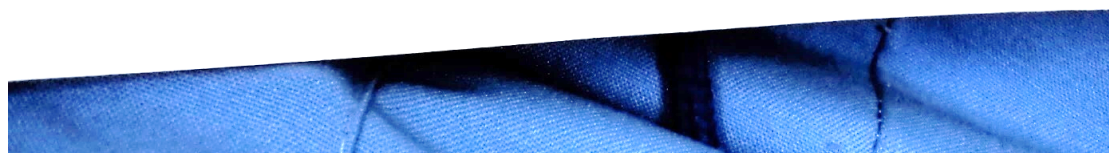
|   |                    |                    |  |
|---|--------------------|--------------------|--|
| Patient Name: .....                                 | Sex: M / F         | ASA: .....         | <br><b>Anesthesia Records</b> |
| Age: ..... (Years)                                  | Weight: ..... (Kg) | Height: ..... (Cm) |  |
| Diagnosis: .....                                    |                    |                    |  |
| Operation: .....                                    |                    |                    |  |
| Anesthetist: ..... OR Time: Start: ..... End: ..... |                    |                    |  |
| Surgeon: .....                                      |                    |                    | Date: ..... / ..... / 20.....  |

| Medical History of Diseases   | Investigations   |
|---|--|
| 1- Chest (Y / N)      8- Hepatic (Y / N)<br>2- Smoking (Y / N)      9- Renal (Y / N)<br>3- Cardiac (Y / N)      10- Blood (Y / N)<br>4- Hypertension (Y / N)      11- Neurological (Y / N)<br>5- Diabetes (Y / N)      12- Musculoskeletal (Y / N)<br>6- Thyroid (Y / N)      13- Allergy (Y / N)<br>7- Other Endocrine (Y / N)      14- Drug Intake: | 1- Chest X-ray      8- Vital Capacity:<br>2- ECG:      9- FEV1/FVC%:<br>3- FBS:      10- Echocardiography:<br>4- CBC: (Hb: WCC: Platelets: )<br>5- BT: CT: PT: PTT: INR:<br>6- Proth.Cone.: SGPT: SGOT:<br>Bilirubin : Total Ptn: Albumin:<br>7- Creatinine : Urea: Na+: K+: |

| Monitors  | Regional Anesthesia  | General Anesthetic Drugs  | Preop. Airway Assessment   |
|---|--|---|--|
| CG: <input type="checkbox"/><br>P: <input type="checkbox"/><br>pO <sub>2</sub> : <input type="checkbox"/><br>tCO <sub>2</sub> : <input type="checkbox"/><br>Temp: C: <input type="checkbox"/><br>P: <input type="checkbox"/><br>N. Stim: <input type="checkbox"/> | Intrathecal <input type="checkbox"/> Epidural <input type="checkbox"/><br>Caudal <input type="checkbox"/> I. V. R. A. <input type="checkbox"/><br>Other: <input type="checkbox"/><br><b>Agent:</b><br>Heavy Marcain <input type="checkbox"/><br>Lignoc. <input type="checkbox"/><br><b>Conc.:</b><br>2% <input type="checkbox"/> 1% <input type="checkbox"/> 0.5% <input type="checkbox"/><br>0.25% <input type="checkbox"/> 0.125% <input type="checkbox"/><br><b>Tourniquet:</b> ON: <input type="checkbox"/><br>Off: <input type="checkbox"/> | *Thiop. <input type="checkbox"/> Prop. <input type="checkbox"/> Ketam. <input type="checkbox"/><br>*Morph. <input type="checkbox"/> Pethid. <input type="checkbox"/> Fent. <input type="checkbox"/><br>*Sux. <input type="checkbox"/> Panc. <input type="checkbox"/> Atrac. <input type="checkbox"/><br>Vecur. <input type="checkbox"/> Other: <input type="checkbox"/><br>*Midaz. <input type="checkbox"/> Diaz. <input type="checkbox"/> NSAID <input type="checkbox"/><br>*Haloth. <input type="checkbox"/> Isofl. <input type="checkbox"/> Sevofl. <input type="checkbox"/><br>*Antibiotics. <input type="checkbox"/><br>*Atrop. <input type="checkbox"/> Glyco. <input type="checkbox"/> Neost. <input type="checkbox"/><br>*Ephedrine. <input type="checkbox"/> Phynylephrine. <input type="checkbox"/><br>Adren. <input type="checkbox"/> Noradren. <input type="checkbox"/><br>Dopsm. <input type="checkbox"/> Dobutamsupr. <input type="checkbox"/><br>*Nitroglycerine. <input type="checkbox"/> Nifediprusside. <input type="checkbox"/><br>*Beta Blockers <input type="checkbox"/><br>*Others: ..... | 1- Short neck (Y/N)      2- Thyroid enlarge. (Y/N)<br>3- Recording mandible (Y/N)      4- Denture (Y/N)<br>5- Protruding maxilla or lucisors or loose tooth (Y/N)<br>6- Limited TMG mobility (Y/N)<br>7- Limited Cervical mobility (Y/N)      8- mallampati Class<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Class I<br/>  </div> <div style="text-align: center;"> Class II<br/>  </div> <div style="text-align: center;"> Class III<br/>  </div> <div style="text-align: center;"> Class IV<br/>  </div> </div> |

| Airway  | Position: Supine O, Lithotomy O, H-Down O, H-Up O, Sitting O, Lat. (R/L) O, Kid. (R/L) O, Prone O, Prone Jaknife O, Kneeling C  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Face Mask:</b> <input type="checkbox"/><br><b>Carvn. Mask:</b> <input type="checkbox"/><br>Size: <input type="checkbox"/><br>Cube: <input type="checkbox"/><br>ral <input type="checkbox"/> Nasel <input type="checkbox"/><br>ronch. (I/R) <input type="checkbox"/><br>Size: <input type="checkbox"/><br>Type: <input type="checkbox"/><br>Plain <input type="checkbox"/><br>Cuffed <input type="checkbox"/><br>Reinforced <input type="checkbox"/><br><b>Throat Pack:</b> <input type="checkbox"/><br>(Y / N) | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 5%;">40</td> <td style="width: 5%;">200</td> <td colspan="20"></td> </tr> <tr><td>38</td><td></td><td colspan="20"></td></tr> <tr><td>36</td><td></td><td colspan="20"></td></tr> <tr><td>34</td><td></td><td colspan="20"></td></tr> <tr><td>32</td><td></td><td colspan="20"></td></tr> <tr><td>30</td><td>150</td><td colspan="20"></td></tr> <tr><td>28</td><td></td><td colspan="20"></td></tr> <tr><td>26</td><td></td><td colspan="20"></td></tr> <tr><td>24</td><td></td><td colspan="20"></td></tr> <tr><td>22</td><td></td><td colspan="20"></td></tr> <tr><td>20</td><td>100</td><td colspan="20"></td></tr> <tr><td>18</td><td></td><td colspan="20"></td></tr> <tr><td>16</td><td></td><td colspan="20"></td></tr> <tr><td>14</td><td></td><td colspan="20"></td></tr> <tr><td>12</td><td></td><td colspan="20"></td></tr> <tr><td>10</td><td>50</td><td colspan="20"></td></tr> <tr><td>8</td><td></td><td colspan="20"></td></tr> <tr><td>6</td><td></td><td colspan="20"></td></tr> <tr><td>4</td><td></td><td colspan="20"></td></tr> <tr><td>2</td><td></td><td colspan="20"></td></tr> <tr><td>0</td><td></td><td colspan="20"></td></tr> </table> | 40 | 200 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 38 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 34 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 32 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 | 150 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 20 | 100 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 10 | 50 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40  | 200   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30  | 150   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20  | 100   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12  |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10  | 50  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0   |   |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Ventilation</b><br><b>Mods:</b><br>Sp. Vent <input type="checkbox"/><br>L.P.P.V. <input type="checkbox"/><br>T.V. : <input type="checkbox"/><br>R.R. : /min<br>PEEP: <input type="checkbox"/><br>O <sub>2</sub> /N <sub>2</sub> O:   | <b>Abbreviations:</b> Sys. V, Dias. A, Meam ●, HR X, CVP □, SpO <sub>2</sub> S, EtCO <sub>2</sub> C, Temp.C. ▲, Temp.P. ▼.  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| V. Fluids:   | Fluid Balance:   | Recovery Notes:  |
|--|--|--|
| D5: <input type="checkbox"/> NS: <input type="checkbox"/> DS: <input type="checkbox"/><br>LR: <input type="checkbox"/> HES: <input type="checkbox"/><br>FWB: <input type="checkbox"/> PRBC3: <input type="checkbox"/> FFP: <input type="checkbox"/><br><b>Total Volume:</b> ml | <b>Total I.V.:</b> ml<br><b>UOP:</b> ml<br><b>Bl. Loss:</b> ml<br><b>NET Balance:</b> ml | <b>Consciousness:</b> Fully awake. (Y / N) <b>Pain Free:</b> (Y / N)<br><b>Activity:</b> Able to move all limbs voluntarily or on command. (Y / N)<br><b>Circulation:</b> BP ± 20 mmHg of pre anesthetic level. (Y / N)<br><b>Respiration:</b> Able to breathe deeply and cough freely. (Y / N)<br><b>O<sub>2</sub> Saturation:</b> Able to maintain O <sub>2</sub> saturation >92% on room air. (Y / N) |
| <b>Transfer to:</b> Ward O, PACU O, SICU O.  |  | <b>Signature:</b> .....  |







### Radiology request

|   |                              |       |   |                        |       |   |                         |             |
|---|------------------------------|-------|---|------------------------|-------|---|-------------------------|-------------|
| <b>اسم المريض: patient</b><br><b>Patient's Name: patient</b>                |                              |       | <b>رقم السجل الطبي:</b><br>.....<br><b>Medical record number: .....</b>   |                        |       | <b>التاريخ: 23-08-2023</b><br><b>Date: 2023-08-23</b> |                         |             |
| <b>العيادة / الجهة / الدور :</b> .....<br><b>Clinic \ Department: .....</b> |                              |       | <b>النوع <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى</b><br><b>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</b> |                        |       | <b>السن : 22</b><br><b>Age: 22</b>                    |                         |             |
| <b>الطبيب المعالج: doctor</b><br><b>Treating physician: doctor</b>          |                              |       |   |                        |       |   |                         |             |
| <b>التشخيص الطبي: danger</b><br><b>Diagnosis: danger</b>                    |                              |       |   |                        |       |   |                         |             |
|   | Knee joint US                | 49244 |   | Retrourethrogram       | 8     |   | <b>X-ray</b>            | <b>Code</b> |
|   | Trans-cranial US             | 49245 |   | Urogram antegrade      | 9     |   | Upper extremity         | 387         |
|   | <b>Duplex Doppler US</b>     |       |   | Hystero-Salpingo-gram  | 458   |   | Elbow AP/ Lateral       | 393         |
|   | Carotid arteries             | 324   |   | WP                     | 459   |   | Forearm AP/ Lateral     | 395         |
|   | Veins of both lower limbs    | 325   |   | Mammography unilateral | 25    |   | Humerus AP/ Lateral     | 398         |
|   | Veins of one lower limb      | 326   |   | Mammography both sides | 48874 |   | Shoulder - Neutral      | 404         |
|   | Arteries of both lower limbs | 328   |   | <b>CT</b>              |       |   | Wrist AP/ Lateral       | 410         |
|   | Arteries of one lower limb   | 329   |   | Pelvis                 | 242   |   | Wrist AP/ Lat. & OBI    | 411         |
|   | Renal veins                  | 333   |   | Upper extremity        | 244   |   | Lower Extremity         |             |
|   | Arteries of both upper limbs | 335   |   | Abdomen & pelvis       | 263   |   | Ankle AP/ Lateral       | 32          |
|   | Arteries of one upper limbs  | 336   |   | Abdomen                | 215   |   | Foot AP/ Lateral        | 39          |
|   | Arteries of both upper limbs | 337   |   | Chest                  | 236   |   | Hip AP only             | 45          |
|   | Arteries of one upper limb   | 338   |   | Lower extremity        | 240   |   | Hips bilateral w/Pelvis | 47          |
|   | Testicular US                | 48821 |   | Elbow joint            | 49238 |   | Knee AP/ Lateral        | 48          |
|   | <b>MRI</b>                   |       |   | Shoulder joint         | 49239 |   | Knee bilateral standing | 54          |
|   | Lumber spine                 | 291   |   | Wrist joint            | 49240 |   | Pelvis AP only          | 55          |
|   | Cervical spines              | 290   |   | Hip joint              | 49241 |   | Leg                     | 48566       |
|   | Dorsal spines                | 295   |   | Cervical spine         | 427   |   | <b>Chest</b>            |             |
|   | Dorsolumber spine            | 49246 |   | Facial mandible        | 249   |   | Chest PA & lateral      | 379         |
|   | Coccyx                       | 49247 |   | Lumber spine           | 250   |   | Chest PA or AP only     | 380         |
|   | Pelvis                       | 274   |   | Nasopharynx            | 251   |   | Chest portable          | 381         |
|   | Hip joint                    | 280   |   | Neck soft tissue       | 252   |   | Ribs (include PA chest) | 89          |
|   | Knee joint                   | 281   |   | Orbit                  | 253   |   | Spine                   |             |
|   | Shoulder joint               | 287   |   | Sinus (full exam)      | 257   |   | Cervical AP/ Lateral    | 66          |
|   | Elbow joint                  | 283   |   | Sinus simple           | 258   |   | Cervical AP/Lal./ Obl   | 67          |
|   | Wrist joint                  | 288   |   | Temporal bones         | 259   |   | Coccyx                  | 73          |
|   | Ankle joint                  | 278   |   | Thoracic spine         | 260   |   | Lumber Ap/ Lat          | 74          |
|   | Abdomen                      | 264   |   | Brain                  | 261   |   | Lumber AP/Lat./FI/ Fat  | 68          |
|   | Abdomen & pelvis             | 49248 |   | Knee joint             | 46242 |   | Thoracic AP/ Lateral    | 86          |
|   | Chest                        | 468   |   | Liver triphasic        | 48771 |   | <b>Head &amp; Neck</b>  |             |
|   | Cardiac                      | 270   |   | Facial bones           | 48806 |   | Facial Bones            | 11          |
|   | Breast                       | 49257 |   | Neck                   | 48652 |   | Mandible                | 12          |
|   | Brain                        | 289   |   | <b>Ultrasound</b>      |       |   | Mastoid                 | 13          |



|  |                            |       |  |                           |       |  |                     |       |
|--|----------------------------|-------|--|---------------------------|-------|--|---------------------|-------|
|  | Acid fast smear (ZN stain) | 48764 |  | B-HCG (Qualitative)       | 1355  |  | SGPT                | 1271  |
|  | Blood culture              | 48524 |  | B-HCG (Quantitative)      | 48676 |  | Alk. Phosphatase    | 1272  |
|  | Stool analysis             | 1361  |  | HAV Abs (IgG)             | 48676 |  | T. bilirubin        | 1268  |
|  | Urine analysis             | 1398  |  | HCV Ab                    | 1391  |  | D. bilirubin        | 1269  |
|  | Semen analysis             | 1369  |  | HAV Abs IgM               | 48677 |  | T. Protien          | 1341  |
|  | Fungus culture             | 48526 |  | Hbc Abs IgG               | 48683 |  | Albumen             | 1265  |
|  | Urine C/S                  | 48539 |  | Hbc Abs IgM               | 1389  |  | A/G ratio           | 48749 |
|  | Sputum C/S                 | 48548 |  | HBs Abs                   | 1385  |  | GGT                 | 48594 |
|  | Helicobacter Pylori        | 48777 |  | HBs Ag                    | 1384  |  | Urea                | 1262  |
|  | <b>Tumor Marker</b>        |       |  | HCV - RNA PCR Qualitative | 48645 |  | Creatinine          | 1245  |
|  | AFP                        | 1308  |  | HCV -RNA PCR Quantitative | 48646 |  | Uric acid           | 1264  |
|  | CA 125                     | 48837 |  | EBV IgG                   | 48610 |  | S. Cholesterol      | 1281  |
|  | CA 15.3                    | 48762 |  | EBV IgM                   | 48611 |  | Triglycerides       | 1280  |
|  | CA 19.9                    | 48607 |  | HIV Abs                   | 48562 |  | HDL cholesterol     | 1282  |
|  | Ferritin                   | 1328  |  | <b>TORCH screening</b>    |       |  | LDL cholesterol     | 1283  |
|  | PSA Total                  | 48647 |  | CMV IgG                   | 45615 |  | S. Amylase          | 1287  |
|  | PSA free                   | 48648 |  | CMV IgM                   | 48660 |  | S. Lipase           | 48627 |
|  | CEA                        | 48606 |  | H. Pylori Abs             | 48777 |  | Total Serum Calcium | 1278  |
|  | <b>Miscellaneous</b>       |       |  | Herpes I IgG              | 48833 |  | Ionised calcium     | 1288  |
|  | CPK                        | 1285  |  | Herpes I IgM              | 48834 |  | S. Phosphorus       | 1279  |
|  | CPK-MB                     | 1284  |  | Herpes II IgG             | 48335 |  | Hb A1c              | 1339  |
|  | Treponin                   | 1350  |  | Herpes II IgM             | 48336 |  | Fasting Blood Suger | 1346  |
|  | ABG                        | 1302  |  | Rubella IgG               | 1306  |  | Suger post prandial | 1347  |
|  | VBG                        | 1302  |  | Toxoplasma IgG            | 1304  |  | Random Blood suger  | 1348  |
|  | Others                     |       |  | Toxoplasma IgM            | 1305  |  | Potassium           | 1275  |
|  |                            |       |  | <b>Immunology</b>         |       |  | Sodium              | 1274  |
|  |                            |       |  | AMA                       | 1315  |  | Stone               | 48820 |
|  |                            |       |  | ANA                       | 1313  |  | Albumen in urine    | 48455 |

**Treating Doctor: doctor Date: 2023-08-23 Time: 12:00**

### Modified caprine score for VTE risk assessment

| 1 point                    | 2 points                            | 3 points              | 4 points                             |
|----------------------------|-------------------------------------|-----------------------|--------------------------------------|
| Age 41 - 60 years          | Age: 61 - 74 years                  | Age: $\geq$ 75 years  | Stroke (1 month)                     |
| Minor surgery              | Arthroscope surgery                 | History of VTE        | Elective arthroplasty                |
| BMI > 25 kg/m <sup>2</sup> | Major open surgery (> 45 minutes)   | Family history of VTE | Hip, Pelvis or leg fracture          |
| Swollen legs               | Laparoscopic surgery (> 45 minutes) | Factor V Leiden       | Acute spinal cord injury (< 1 month) |
| Varicose veins             | Malignancy                          | Prothrombin 20210A    |                                      |

|  |                             |  |  |
|--|-----------------------------|--|--|
| Sepsis (<1 month)  | Confined to bed (>72 hours) | Lupus anticoagulant                        |  |
| Serious lung disease, including pneumonia (<1 month)     | Immobilizing plaster cast   | Anticardiolipin antibodies                 |  |
| Abnormal pulmonary function                              | Central venous access       | Elevated serum homocysteine                |  |
| Acute myocardial infarction                              |                             | Heparin induced thrombocytopenia           |  |
| Congestive heart failure (< 1 month)                     |                             | Other congenital or acquired thrombophilia |  |
| History of inflammatory bowel disease                    |                             |  |  |
| Medical patient at bed rest                              |                             |  |  |
| Pregnancy or postpartum                                  |                             |  |  |
| History of unexplained or recurrent spontaneous abortion |                             |  |  |
| Oral contraceptives or hormone replacement               | Total score                 |  |  |

| Risk Level     | Recommendation  |
|----------------|---|
| 0-1 (Very low) | Early & frequent ambulation   |
| 2 (Low)        | Mechanical prophylaxis (graduated compression stockings)  |
| 3-4 (Moderate) | <input type="checkbox"/> Enoxaparin 40 mg q 24 OR.<br><input type="checkbox"/> Heparine 5000 units q 12 OR.<br><input type="checkbox"/> Graduated compression device.   |
| ≥ 5 (High)     | <input type="checkbox"/> Enoxaparin 40 mg q 24 OR.<br><input type="checkbox"/> Heparine 5000 units q 12.<br>+<br><input type="checkbox"/> Graduated compression device. |

Treating physician sign: ..... Date: 2023-08-23

## Blood delivery form

Age: 22 Sex: male Date: 2023-08-23 Department: .....

Diagnosis: danger

| Components                                      | Amount |
|---|--------|
| <input type="radio"/> Whole blood               |        |
| <input type="radio"/> Packed RBCs               |        |
| <input type="radio"/> Filtered Packed RBCs      |        |
| <input type="radio"/> Irradiated Packed RBCs    |        |
| <input type="radio"/> Fresh frozen plasma (FFP) |        |
| <input type="radio"/> Platelet concentrate      |        |
| <input type="radio"/> Cryo precipitate          |        |
| <input type="radio"/> Irradiated platelets      |        |

**Blood group:** ☐ A ☐ B ☐ AB ☐ O

Rh (D- antigen) ☐ Positive ☐ Negative

Cross matching: ☐ Matched

| Bag No. | Time of delivery | Bag No. | Time of delivery |
|---------|------------------|---------|------------------|
|         |                  |         |                  |
|         |                  |         |                  |

Date of delivery Nurse Blood bank physician

.....

يتم الاحتفاظ بكيس الدم في ثلاجة بدرجة حرارة 2 - 6 لحين استخدامه ولا يجوز استقبال كيس الدم المرتجع لبنك الدم بعد مرور نصف ساعه على تسليمه للجهة الطالبة للكيس.

الأصل: بينك الدم

الصورة: بملف المريض

نموذج مستهلكات مريض بالعمليات

نوع العملية doctor : التاريخ: 23-08-2023 الرقم الطبي: ..... اسم الطبيب المعالج patient : اسم المريض

..... :اسم طبيب التخدير: ..... بداية التخدير: نهاية التخدير danger

| العدد             | السعر | العدد                | السعر | العدد            | السعر | العدد           | السعر | العدد             | السعر | العدد | السعر |
|-------------------|-------|----------------------|-------|------------------|-------|-----------------|-------|-------------------|-------|-------|-------|
|                   |       |                      |       |                  |       |                 |       |                   |       |       |       |
| برولين 0 راوند    |       | بسميكر واير          |       | ممر هوائي        |       | رنجر            |       | ايزوفلورين        |       |       |       |
| برولين 1 راوند    |       | تفلون حر             |       | ابرة بنج نصفية   |       | %ملح 0,9        |       | سيفوفلورين        |       |       |       |
| برولين 0/3 راوند  |       | استيل وير 5 م        |       | انبوية رايل      |       | لاكتات الرنجر   |       | ديبريفان          |       |       |       |
| برولين 0/4 راوند  |       | استيل وير 7 م        |       | لارنجيال ماسك    |       | % جلوكوز 0,5    |       | انترفال           |       |       |       |
| برولين 0/5 راوند  |       | صمام                 |       | Y وصلة حرف كيار  |       | اكسجين          |       | سكسنييل           |       |       |       |
| برولين 0 قاطع     |       | برطمان شفت           |       | Y وصلة حرف صفار  |       | فرش جراحي معقم  |       | تراكيم            |       |       |       |
| برولين 1 قاطع     |       | انبوية صدرية         |       | قسطرة نيلتون     |       | جاون طبيب معقم  |       | بروستجمن          |       |       |       |
| برولين 0/2 قاطع   |       | كانيولا فيتس         |       | CVP قسطرة        |       | مفرش سرير       |       | ازميرون           |       |       |       |
| برولين 0/3 قاطع   |       | كانيولا شريانية      |       | CVP مسطرة        |       | جاونتي معقم     |       | هيفي ماركين       |       |       |       |
| برولين 0/4 قاطع   |       | كانيولا اورطى        |       | مجموعة ابيديورال |       | مشرط جراحي      |       | ماركين            |       |       |       |
| برولين 0/5 قاطع   |       | كارديو بيلجيا بروح   |       | انبوية حنجرية    |       | يد دياثيرمي     |       | زيلوكين           |       |       |       |
| برولين 0/6 قاطع   |       | كارديو بيلجيا بروحين |       | فلتر بكتيري      |       | عازل دياثيرمي   |       | اترويين           |       |       |       |
| برولين 0/3 ابرتين |       | خرامة اورطى          |       | قسطرة فولي       |       | خرطوم شفاط      |       | افدرين            |       |       |       |
| برولين 0/4 ابرتين |       | كانيولا فينت         |       | قسطرة سيليكون    |       | بلاستر          |       | افيل              |       |       |       |
| برولين 0/5 ابرتين |       | كلبس قلب             |       | كبس جمع بول      |       | استيريبياد      |       | ديكساميثازون      |       |       |       |
| برولين 0/6 ابرتين |       | استيكر ماكينة قلب    |       | وصلة غسيل        |       | دباسة جلد       |       | ادريال            |       |       |       |
| برولين 0/7 ابرتين |       | كانيولا دش معدني     |       | دورمياه          |       | جوانتي لاتكس    |       | سوليوكورتيك       |       |       |       |
| برولين 0/8 ابرتين |       | فرش قلب              |       | موسعات خالب      |       | بورتوفاك        |       | فولتارين          |       |       |       |
| حرير 0 قاطع       |       | مؤكسد غشائي          |       | موسعات كلى       |       | KY جل           |       | اوكسميت           |       |       |       |
| حرير 1 قاطع       |       | كانيولا فنتس دبل     |       | قسطرة حالب       |       | رباط شاش        |       | صوديوم بيكاربونات |       |       |       |
| حرير 0/2 قاطع     |       | ACT انبوية           |       | ابرة بنشر        |       | رباط ضاغط       |       | بوتاسيوم كلوريد   |       |       |       |
| حرير 0/3 قاطع     |       | منشار جيولي          |       | جايد وير مستقيم  |       | كانيولا         |       | دايسينون          |       |       |       |
| حرير 0 راوند      |       | كلبس سره             |       | جايد وير منحني   |       | جهاز وريد       |       | كابرون            |       |       |       |
| حرير 1 راوند      |       | اسورة أطفال          |       | دبل جي           |       | سرنجة 60 سس     |       | سنتيسينون 5 وحدات |       |       |       |
| حرير 0/2 راوند    |       | شرائط سكر            |       | جراب كاميرا      |       | سرنجة 50 سس     |       | ميثيوجين          |       |       |       |
| حرير 0/3 راوند    |       | شكاكة                |       | كلبس مرارة       |       | سرنجة 20 سس     |       | كوناكيون          |       |       |       |
| فايكريل 0 راوند   |       | ماكتوش               |       | صوف ياند         |       | سرنجة 10 سس     |       | برمبران           |       |       |       |
| فايكريل 1 راوند   |       | شاش معقم             |       | جيبسونا          |       | سرنجة 5 سس      |       | امينوفلن          |       |       |       |
| فايكريل 2 راوند   |       | فوط بطن              |       | جيل فون          |       | سرنجة 3 سس      |       | كوردارون          |       |       |       |
| فايكريل 0/2 قاطع  |       | دريسنج               |       | حشو انف          |       | سرنجة 1 سس      |       | كالسورم جلوكونيت  |       |       |       |
| فايكريل 0/3 قاطع  |       | شاش بعلمة            |       | حاجز انفي        |       | وصلة ثلاثية     |       | لازكس             |       |       |       |
| فايكريل 0/4 قاطع  |       | بامبرز               |       | انبوية شق حنجري  |       | وصلة وريدية     |       | اندرال            |       |       |       |
| فايكريل 0/5 قاطع  |       | كوب عينة             |       | انبوية تهوية     |       | وصلة شريانية    |       | ديبوتريكس         |       |       |       |
| فايكريل 0 قاطع    |       | مبولة                |       | مشرط رمد         |       | دوم             |       | دويامين           |       |       |       |
| فايكريل 1 قاطع    |       | مسحة مزرة            |       | غطاء عين         |       | جهاز نقل دم     |       | نورادرينالين      |       |       |       |
| فايكريل 2 قاطع    |       | اوفر هيد حريمي       |       | سيلزون رمد       |       | جهاز وريد       |       | سلفات الماغنيسيوم |       |       |       |
| فايكريل 6/. قاطع  |       | اوفر هيد رجالي       |       | عدسة رمد         |       | جهاز سالوسيت    |       | برفلجان           |       |       |       |
| 11x شبكة برولين 6 |       | ماسك طبيب            |       | اوبست            |       | ماسك تخدير شفاف |       | ايزوبتين          |       |       |       |





|  |   |
|--|---|
| <p>Case progress:<br/> Vital signs: <input type="checkbox"/> Stable <input type="checkbox"/> unstable Comment:</p> <p>Relevant clinical findings: .....</p> <p>Significant results of investigations: .....</p> <p>Diagnosis: danger</p> | <p>Assessment</p>   |
| <p>Plan of care: <input type="checkbox"/> Same plan <input type="checkbox"/> Need to be changed:</p> <p>If need to be changed reason : .....</p>   | <p>Recommendation<br/> (Investigations,<br/> consultations, follow<br/> up)</p> |
| <p>Physician Name &amp; signature : .....</p>  |   |
| <p>Consultant name &amp; signature: .....<br/> Date: 2023-08-23 Time: 12:00</p>  |   |
| <p>Endorsing physician name &amp; signature: .....<br/> Date: 2023-08-23 Time: 12:00<br/> Receiving physician Name &amp; signature: .....<br/> Date: 2023-08-23 Time: 12:00</p>  |   |