1/23 Chalgrove Avenue,

Rockingham WA 6168

OPERATION SHEET

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Operation Date: |  | |  | | TIME | | SIGNATURE | |
| Site of Operation: |  | | Tourniquet on | |  | | 1. | 2. |
| Surgeon: |  | | Tourniquet off | |  | | 1. | 2. |
| Anaesthetist: |  | |  | |  | |  |  |
| Workers Compensation / Private | | | | | | | | |
| Principal Diagnosis / Other Operative Findings: | | | | | | | | |
|  | | | | | | | | |
| Procedures Performed: | | | | | | | | |
|  | | | | | | | | |
| Post-Operative Instructions: | | | | | | | | |
|  | | | | | | | | |
| Specimen for Collection: | | Yes / No | | Specimen Collected: | | Yes / No | | |
| Date Collected: | |  | | Collected By: | |  | | |
| Billing Codes: | | | | | | | | |
| ▫ Cephalexin 500mg ▫ Facility Fee:  ▫ Brufen 400mg ▫ Item Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ▫ Panedeine ▫ U/S Guided Steroid Inj (OC925, MY095) *Workers Comp*  ▫ Flucloxacillin 500mg ▫ U/S Guided Steroid Inj (55850, MY095) *Private Patient*  ▫ Tetanus Injection  ▫ Erythromycin 250mg  ▫ Intra-Operative Static Finger Splint | | | | | | | | |
| Surgeon’s Signature: | |  | | Date: | |  | | |