HONDURAS 2012 CIRCULATING SHEET
March_____2012

Hand Help, Inc.

DATE_____PROCEDURE #_____

PATIENT'S INITIALS_____AGE_____

OR ROOM #_____IN ROOM TIME_____

PROCEDURE_____

INCISION AT_____CASE FINISHED_____

PATIENT LEFT ROOM_____

SURGEON_____RESIDENT_____

CIRCULATOR_____ANESTHESIA_____

DATE_____PROCEDURE #_____

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PROCEDURE_____

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PATIENT LEFT ROOM_____

SURGEON_____RESIDENT_____

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