THE FOLLOWING
PAGES ARE JUST A
SMALL SELECTION
OF SOME STANDARD
REGISTERS WE PRODUCE

WZP 004 A 632/96 WZK480

ADMISSION Date: Time: No:	NAME AND ADDRESS	NEXT OF KIN AND TELEPHONE No. AGE RELIGION	OWN DOCTOR AND CONSULTANT	DIAGNOSIS AND TREATMENT	DISCHARGED Appt. Date

Anaesthetist(s)	Anaesthetic Details, eg GA/LA/Spinal	Beginning of Induction 24 hour clock	On Table Time 24 hour clock	Off Table Time 24 hour clock	Specimens	Remarks	Anaesthetic Person (Name and Signature)	Scrub Person (Name and Signature)	Circulating Person (Name and Signature)S
							Signature	Signature	Signature
							Name (please print)	Name (please print)	Name (please print)
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OPERATION REGISTER

Operation No.	Date	Surname	First Name	Patient Number	D.O.B.	Ward	Operation Performed	Emergency "E" or "NA"	Consultant	Surgeon	Surgical Assistant(s)

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NUMBER OF OPERATION	DATE	NAME IN FULL		AGE	WARD	CASE PAPER NUMBER	DIAGNOSIS AND NATURE OF OPERATION PERFORMED AS	TIME IN ANAES-THETIC ROOM
		SURNAME	CHRISTIAN NAMES/S				ROUTINE OP. SESSION	

OP FIN-ISHED	RECO-VERY TIME	OPERATOR	ANAESTHETIST	NATURE OF ANAESTHETIC	SCRUBBED NURSE	CIRCULATING NURSE	SPECIMENS	INSERTS

Number of Operation	Date	Name in Full		Age	Ward	Case Paper Number	Diagnosis and Nature of Operation performed as:-		Duration of Operation			
		Surname	Christian Name/s				Routine Operation Session	Emergency				

			Operator	Anaesthetist	Nature of Anaesthetic/s	Time of commencement of Induction	Other Injections during the Operation		Remarks
							Type	Administered by	

Number of Operation	Date	Name in Full		Age	Ward	Case Paper Number	Diagnosis and Nature of Operation performed as:-		Duration of Operation			
		Surname	Christian Name/s				Routine Operation Session	Emergency				

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			Operator	Anaesthetist	Nature of Anaesthetic/s	Time of commencement of Induction	Other Injections during the Operation		Remarks
							Type	Administered by	

Number of Operation	Date	Name in Full		Age	Ward	Hospital No.	Cons	Routine	Emergency	Duration of Procedure
		Surname	Christian Name							

Procedure	Scope No.	Specimens	Drugs	Endoscopist	Nurse in Charge	Remarks

.....**HOSPITAL.** .....**THEATRE.**

Opera-tion No.	Date	PATIENT		Age	Ward	Unit No.	Diagnosis and Operation	R/E		Operator	Anaesthetist	Anaesthetic	Time of Start of Induction	Other Injections	Scrub Nurse	Circulating Check
		Surname	First Name											Type		

Number of Operation	Date	Name in Full		Age	Ward	Case Paper Number	Diagnosis and Nature of Operation performed as:-		Duration of Operation			
		Surname	Christian Name/s				Routine Operation Session	Emergency				

Number of Operation	Date	Name in Full		Age	Ward	Hospital Number	Diagnosis and Nature of Operation performed as:-		Time into Theatre	Time out of Theatre
		Surname	Christian Names/s				Routine Operation Session	Emergency		

Surgeon	Anaesthetist	Nature of Aneasthetics	Scrub Practitioner	Circulating Practitioner

Date	Name	Age	Address	Surgeon

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Unit Number	Diagnosis	Date of Discharge	Remarks

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