

PART E

System of Medicine

Hospital / Nursing Home:

Tamil Nadu Clinical Establishment Regulation Act Registration no. :

Operation Patients

Operation Theatre (*Please specify the OT either Maternity / General / Ortho etc., as the case may be*)

S. No	Name of the Patient and address	Mobile No.	Age	Sex	Date of Admission	Hospital IP No.	Provisional Diagnosis	Investigations if any	Operation Performed	Operating Surgeon and Assistant	Anaesthetist	Staff Nurse Assisted	Operation-Time (From to)	Operation Notes	Transferred to which ward	Additional information if any	Initial of the Medical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Note: If electronic records are maintained, and / or existing registers capture this information, a monthly print outs / copy shall be taken and it shall be authenticated by the Hospital authorities.