

OPERATION REQUEST AND WORKSHEET

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

SECTION A - REQUEST FOR SURGERY

1. PATIENT'S NAME <i>(Last, First, MI) (Print)</i>		2. STATUS	3. AGE	4. RELIGION	5. REGISTER NO	6. SSN <i>(with Family Member Prefix)</i>	
7. PREOPERATIVE DIAGNOSIS						8. NURSING UNIT <i>(from - to)</i>	
9. OPERATION PROPOSED						10. REQUESTING SERVICE	
11. DATE OF SURGERY	12. TIME OR CASE NO	13. SCHEDULE PRIORITY <i>(check one)</i> <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEMI-EMERGENCY <input type="checkbox"/> ROUTINE		14. BLOOD REQUIRED <i>(Unit)</i>		15. SEPTIC <i>cc</i>	
16. SURGEON		17. ASSISTANT(S)		18. POSITION OF PNT		19. PREP REQUIRED	
20. NURSING STAFF			21. ANESTHETIST(S)			22. ANESTHESIA	
23. SPECIAL INSTRUCTIONS AND REMARKS							
24. REQUESTING OFFICER <i>(Printed Name and Signature)</i>							

SECTION B - OPERATION WORKSHEET

25. OPERATING ROOM NO	26. TIME OR CASE NO	27. SEPTIC	28. FLUIDS <i>(other than blood)</i>		29. BLOOD ADMINISTERED		
30. SURGEON		31. ASSISTANT(S)		32. ANESTHETIST(S)		33. ANESTHESIA TIME <i>(Began and Ended)</i>	
34. INDUCTION ANESTHETIC	AGENT	TECHNIQUE		37. AIRWAY		39. SPECIAL PROCEDURES <i>(Anesthesia)</i>	
35. PRIMARY ANESTHETIC	AGENT	TECHNIQUE		38. RELAXANTS INTUBATION OTHER			
36. SECONDARY ANESTHETIC	AGENT	TECHNIQUE					
40. NURSING TIME <i>(Began and Ended)</i>		41. SCRUBBED PERSON(S)			42. CIRCULATING PERSON(S)		
43. OPERATION DATE	44. OPERATION TIME <i>(Began and Ended)</i>	45. DRAINS		46. SPONGE COUNT	47. LABORATORY SPECIMEN		
48. OPERATIVE DIAGNOSIS							
49. OPERATIONS(S) PERFORMED							
<input type="checkbox"/> EPISODES OF SURGERY							
50. COMPLICATIONS <i>(Continue on reverse, if more space is required)</i>							
51. DICTATOR'S NAME, SERVICE & PHONE EXT						RECORDED IN REGISTER <i>(Initials)</i>	