

CIRCULATING SHEET

DATE _____ PROCEDURE # _____
PATIENT'S INITIALS _____ AGE _____
OR ROOM # _____ IN ROOM TIME _____
PROCEDURE _____
INCISION AT _____ CASE FINISHED _____
PATIENT LEFT ROOM _____
SURGEON _____ RESIDENT _____
CIRCULATOR _____ ANESTHESIA _____

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INCISION AT _____ CASE FINISHED _____
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SURGEON _____ RESIDENT _____
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Hand Help, Inc.



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