**GOVERNMENT OF MEGHALAYA**
**HEALTH & FAMILY WELFARE DEPARTMENT**

### OPERATION REPORT STANDARD MEDICAL DOCUMENTATION

| Hospital Name | | | | | | District | | |
|---|---|---|---|---|---|---|---|---|
| Patient's Name: | | | | | | MRD No./UHID No. | | |
| Age: | | | Gender | M | F | O | Ward No. | |
| Date of Surgery | | Start Time | | | | Surgery Category | Elective | Emergency |
| | | End Time | | | | | | |
| Name of Surgeon | | | | | | Name of Assistant | | |
| Pre-Opt Diagnosis | | | | | | Post-Opt Diagnosis | | |
| Name of Operation/Surgery | | | | | | | | |

**Narrative Findings and Procedures (Including condition of all Organs examined, incision, ligatures, sutures, drainage, swab count and closure):**

**Post Operation Instruction & Rx:**

**Surgeon's Name: _____**

**Signature: _____**

**Date: _____**

**Time: _____**