

Surgical Log

This form is a suggested template to be used to accommodate the recent proposed changes to Rule 64B8-9.009 (2) (c) F.A.C.

Confidential Patient Identifier: Date: Time of Arrival at Facility:	Diagnosis with ICD-9 Codes:
Surgeon Name: License Number:	History and Physical: Medical Clearances:

Patient ASA Classification: Anesthesiologist Name: License Number:	Level of Surgery: Method of Anesthesia:
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Time of Arrival in Surgical Suite:		
Procedure(s) to be Performed with CPT Codes:	Time Procedure Began:	Time Procedure Ended:

Time Arrived in Recovery Room:	Type of Post Operative Care:
Discharge Time:	
Patient Disposition at Discharge:	

Medications: List all medications used.

Adverse Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Occurred:	Date Reported:
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Notes: