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 *(Last, First, MI)* *(Print)*	2. STATUS	3. AGE	4. RELI-GION	5. REGISTER NO	6. SSN *(with Family Member Prefix)*

7. PREOPERATIVE DIAGNOSIS	8. NURSING UNIT *(from - to)*

9. OPERATION PROPOSED	10. REQUESTING SERVICE

11. DATE OF SURGERY	12. TIME OR CASE NO	13. SCHEDULE PRIORITY *(check one)* ☐ EMERGENCY ☐ SEMI-EMERGENCY ☐ ROUNTINE	14. BLOOD REQUIRED *(Unit)* cc	15. SEPTIC

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 *(Printed Name and Signature)*

SECTION B - OPERATION WORKSHEET

25. OPERATING ROOM NO	26. TIME OR CASE NO	27. SEPTIC	28. FLUIDS *(other than blood)*	29. BLOOD ADMINISTERED

30. SURGEON	31. ASSISTANT(S)	32. ANESTHETIST(S)	33. ANESTHESIA TIME *(Began and Ended)*

34. INDUCTION ANESTHETIC	AGENT	TECHNIQUE	37. AIRWAY	39. SPECIAL PROCEDURES *(Anesthesia)*
35. PRIMARY ANESTHETIC	AGENT	TECHNIQUE	38. RELAXANTS INTUBATION | OTHER	
36. SECONDARY ANESTHETIC	AGENT	TECHNIQUE		

40. NURSING TIME *(Began and Ended)*	41. SCRUBBED PERSON(S)	42. CIRCULATING PERSON(S)

43. OPERATION DATE	44. OPERATION TIME *(Began and Ended)*	45. DRAINS	46. SPONGE COUNT	47. LABORATORY SPECIMEN

48. OPERATIVE DIAGNOSIS

49. OPERATIONS(S) PERFORMED

☐ EPISODES OF SURGERY

50. COMPLICATIONS *(Continue on reverse, if more space is required)*

51. DICTATOR'S NAME, SERVICE & PHONE EXT	RECORDED IN REGISTER *(Initials)*

DA FORM 4107, MAR 82   EDITION OF 1 JUN 73 MAY BE USED.   USAPA V1.01