

**OPERATING ROOM SCHEDULE**

For use of this form, see AR 40-66; the proponent agency is OTSG

HOSPITAL

DATE (YYYYMMDD)

TIME AND ROOM	PATIENT'S NAME, STATUS, AGE AND RELIGION	PATIENT'S REGISTER NUMBER & SSN <i>(with Family Member Prefix)</i>	NURSING UNIT		OPERATION	SURGEONS	NURSING STAFF	ANESTHETIST	ANESTHETIC BLOOD <i>(Unit)</i>
			FROM	TO					