OPERATING ROOM SCHEDULE

justick™
ELECTRO ADHESION PRODUCTS

NO.	TIME	PATIENT NAME	SURGEON	ANESTHETIST	ANES TYPE	PROCEDURE
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					
	IN / OUT					