**Electronic Theatre List**



|  |  |  |  |
| --- | --- | --- | --- |
| **Day** |  | **Surgeon** | **Dr** |
| **Date** |  | **Assistant** | **Dr** |
| **Theatre/Procedure Room** |  | **Anaesthetist** |  |

**Please confirm cases with Sr Linda Gebhardt beforehand and fax/email finalised list by 12h00 the previous day**

Theatre Sr Linda Gebhardt admin@wmedcentre.co.za

Fax 057 352 3155

Tel 057 352 2114

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nr** | **Time** | **Patient Name**  | **Cell Nr** | **Med Aid Name** | **Med Aid Number** | **Auth Nr** | **Procedure to be done** | **BHF** | **ICD10** | **Assistant** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |