WELKOM
Medical Centre

Theatre list to be filled in by hand

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

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	Cell Number	M/A Name M/A Nr	Auth Nr	Procedure	BHF	ICD10	Assistant
1									
2									
3									
4									
5									