

Date:

Surgical Logbook for Physicians

This is to ce	This is to certify that the healthcare practitioner/			
number/	pe	rformed/assisted the	following procedures	s from date/
	till date/			
SL. No.	Procedure	Number of Procedures	Name of First Surgeon	Name of Second Surgeon/ Assistant Surgeon
Medical Dir	ector Signature			Facility Stamp
Signature of	First Surgeon			
Signature of	Second Surgeon /Assistant Su	rgeon		
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