

# SUMMARY LOGBOOK

NAME: \_\_\_\_\_

HOSPITAL NAME: \_\_\_\_\_

DATE RANGE: FROM \_\_\_\_\_ TO \_\_\_\_\_

| Procedure Name | Primary Surgeon | Assistant Surgeon | Total |
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|---|
| <b>To be signed by Head of Department</b> |
| Name: _____                               |
| Position: _____                           |
| Signature: _____                          |
| Date: ____/____/____                      |

**VERIFICATION STAMP**