

AMINU KANO TEACHING HOSPITAL, KANO.

NOTICE FOR EMERGENCY OPERATION

PATIENT'S NAME.....

UNIT NO..... WARD.....

SEX..... AGE..... DATE.....

DIAGNOSIS.....

OPERATION.....

BOOKING TIME.....

TIME OF OPERATION.....

NAME OF ANAESTHETIST.....

SURGEON.....

NAME (CAPITALS).....

SIGNATURE.....