**Surgery record sheet　　No / 10　　　　　　　Name of applicant**

Number of field :　　　　　　　　 　　　Date of surgery day/month/year:

Age of patient :　　　　　　 　　　　　　Gender:

Diagnosis: Surgical method:

Facility: Surgeon / Instructor　（Please circle）:

＊Cautions：Please describe clinical course, summary of surgical method, technical point of surgical method, anesthesia time, operative time, amount of bleeding, and postoperative course in this column. You can paste the illustrations, but not photos. Although any points and number of characters don’t matter, surgery record is one sheet (A4 size) per one case. Please indicate No. on this sheet and submit 10 cases (10 sheets). Please delete the cautions and describe record.