HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
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OPERATIVE LAPAROSCOPY CASE LIST
(Please type)

Gynaecologist's Name: ______________________ Hospital Name & Address: ______________________
Telephone: ______________________ Facsimile: ______________________

Case List Number	**Hospital** M.R. # Date of Adm. Date of Disch.	**Patient** Initials Age in years	**Surgical Indications** (Primary 1st)	**Procedures Performed** (Primary 1st)	**Level of Procedure**	**Operative Diagnosis** (Primary 1st)	**Histology** Diagnosis Size & Weight (when available)	**Complications** a) Intra-op b) Post c) Late
			see key	see key	see key	see key		

I certify that the information contained on this page is true and correct and verifiable through patient medical records.

Printed Name ______________________ ______________________ ______________ ______________________
*Medical Administrators (HCE / MS / GMCS / CC/ COS)** Signature Date Applicant's Signature

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(Applicant must complete page numbers)

(Extra copies of this form should be photocopied as necessary)

*delete as appropriate