**SUMMARY LOGBOOK**

NAME

HOSPITAL

To

From

**DATE RANGE**

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| Procedure Name | Primary Surgeon | Assistant Surgeon | Total |
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| **To be signed by Head of Department where procedures took place** |  | **VERIFICATION STAMP** |
| **Name:**  |  |
| **Position:**  |  |
| **Signature:**  |  |
| **Date:**  |  |