Your Hospital's Logo Here

MIH SHORT COUNT FORM

PATIENT IDENTIFICATION

DATE:	ROOM #:		HOSPITAL #:

ITEM	INITIAL COUNT	ADDED TO FIELD	INITIAL COUNT	INITIAL COUNT	INITIAL COUNT

SURGEON:	SCRUB NURSE:
PROCEDURE:	RELIEF:
COUNTS:	CIRCULATING NURSE:
RELIEF:	

PART OF THE MEDICAL RECORD