

Your
Hospital's
Logo
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SHORT COUNT FORM

PATIENT IDENTIFICATION

DATE:		ROOM #:	HOSPITAL #:		
ITEM	INITIAL COUNT	ADDED TO FIELD	FIRST COUNT	SECOND COUNT	CLOSING COUNT
BLADES					
NEEDLES					
TAPES					
BOVIE SCRATCH PAD					
BOVIE TIP					
RAYTEX					
INJECTION NEEDLES					
SURGEON:		SCRUB NURSE:		RELIEF TIME:	
PROCEDURE:				COUNTS:	
CIRCULATING NURSE:				RELIEF TIME:	

PART OF THE MEDICAL RECORD