INTRAOPERATIVE NEUROPHYSIOLOGIC MONITORING LOG

Patient ____________________ Age _____ Sex _____ Hospital ____________________ Date ___ / ___ / ___

Type of Surgery ____

Diagnosis ____________________ Type of Monitoring ____________________ Equipment __________

Time: Begin ______ End ______ Other Tests ____________________ Data Disk __________ Technician __________

Surgeon __________ Assistant __________ CRNA __________ Scrub __________

MDA __________ Supervising MDA __________ Circulating Nurse __________

FRAME			MONITORING NOTES	SURGICAL NOTES	ANESTHESIA
#	Begin	End			