|  |  |
| --- | --- |
| Name and Surname: |  |
| Age: |  |
| Gender: |  |
| Country: |  |
| Telephone Number: |  |
| Passport No: |  |
| Protocol No: |  |
| Patient's Insurance Status: |  |
| Date of Admission to the Clinic: |  |
| Patient's Complaint: |  |
| Diagnosis: |  |
| Treatment Planning: |  |
| Examinations Performed: |  |
| Performed Surgeries and Dates: |  |
| Complications Experienced in Surgery: |  |
| Procedures for Complications: |  |
| Anesthesias Applied to the Patient: |  |
| Surgery Area: |  |
| Consumables Used in Surgery:  (Implant, Spacer, Suture, Graft, Membrane, etc.) |  |
| Final Examination Findings: |  |
| Date of Departure of the Patient from the Clinic: |  |
| Report Issued by: |  |