

Treatment center:

Civic registration number — (yyyymmdd-nnnn)

Last name: **First name:**
 (Please, use block letters) (Please, use block letters)

Date of operation — — (yyyy-mm-dd)

Lip operation Not performed Primary surgery Secondary surgery

Operation code (State primary and, if applicable, secondary code)	Major code (tick <u>only one</u>)	Minor code (tick <u>only one</u>)
EAB00 Lipadhesion	<input type="checkbox"/>	<input type="checkbox"/> No sec. code
EAB30 Lipplasty	<input type="checkbox"/>	<input type="checkbox"/>
EAW99 Other procedures	<input type="checkbox"/>	<input type="checkbox"/>

Cleft soft and hard palate operation
 Not performed Primary surgery Secondary surgery

Operation code (State primary and, if applicable, secondary code)	Major code (tick <u>only one</u>)	Minor code (tick <u>only one</u>)
EHC10 Repair of fistula	<input type="checkbox"/>	<input type="checkbox"/> No sec. code
EHC30 Hard and soft palate closure	<input type="checkbox"/>	<input type="checkbox"/>
EHC31 Hard palate closure	<input type="checkbox"/>	<input type="checkbox"/>
EHC32 Soft palate closure	<input type="checkbox"/>	<input type="checkbox"/>
EHC45 Re-repair of palate	<input type="checkbox"/>	<input type="checkbox"/>
EHC50 Pharyngeal flap	<input type="checkbox"/>	<input type="checkbox"/>
ENC30 Plastic operation of pharynx	<input type="checkbox"/>	<input type="checkbox"/>
EHC99+ZZR45 Buccal flap	<input type="checkbox"/>	<input type="checkbox"/>

Nose operation Not performed Primary surgery Secondary surgery

Operation code (State primary and, if applicable, secondary code)	Major code (tick <u>only one</u>)	Minor code (tick <u>only one</u>)
DHB30 Conchotomy	<input type="checkbox"/>	<input type="checkbox"/> No sec. code
DJD20 Plastic repair of septum	<input type="checkbox"/>	<input type="checkbox"/>
DLD00 Reconstruction of cartilage of nose	<input type="checkbox"/>	<input type="checkbox"/>
DLD10 Reconstruction of bone of nose	<input type="checkbox"/>	<input type="checkbox"/>
DLD20 Rhinoplasty, bone and cartilage	<input type="checkbox"/>	<input type="checkbox"/>
DLW99 V to Y plasty	<input type="checkbox"/>	<input type="checkbox"/>

Jaw operation Not performed Primary surgery Secondary surgery

Operation code (State primary and, if applicable, secondary code) **Major code** **Minor code**
 (tick only one) (tick only one)

No sec. code

EBA10	Tooth extraction	<input type="checkbox"/>	<input type="checkbox"/>
ECB05	Mucogingival repair	<input type="checkbox"/>	<input type="checkbox"/>
ECB15	Oronasal fistula repair	<input type="checkbox"/>	<input type="checkbox"/>
EEC05	Lefort I osteotomi	<input type="checkbox"/>	<input type="checkbox"/>
EEC40	Distraction of maxilla	<input type="checkbox"/>	<input type="checkbox"/>
ECB50	Reconstruction of maxilla with bone graft	<input type="checkbox"/>	<input type="checkbox"/>
EEC50	Bone transplant to the alveolar ridge	<input type="checkbox"/>	<input type="checkbox"/>
EEW99	Vomer osteotomi	<input type="checkbox"/>	<input type="checkbox"/>

Operation

Operation time (from cutting to end of suturing)

Start time : (hh:mm) **End time** : (hh:mm)

Surgeons comment

No Yes:

 Specification (Please, use block letters)

Hospital Stay

Sign in date -- (yyyy-mm-dd)

Discharge date -- (yyyy-mm-dd)

Complications (within first two days)

No Yes, Specify below

Bleeding	Infection	Rupture
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Antibiotics (tick only one alternative)

No Prophylax Postoperative Prophylax and postoperative