Report to CLP Registry

Surgical Form

Treatment center: ....

Civic registration number |_|_|_|_|_|_|_|_|–|_|_|_|_| (yyyymmdd-nnnn)

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

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

Date of operation |_|_|_|_|–|_|_|–|_|_| (yyyy-mm-dd)

Lip operation ☐ Not performed ☐ Primary surgery ☐ Secondary surgery

Operation code

EAB00	Lipadhesion	☐
EAB30	Lipplasty	☐
EAW99	Other procedures	☐

Cleft soft and hard palate operation

☐ Not performed ☐ Primary surgery ☐ Secondary surgery

Operation code

EHC10	Repair of fistula	☐
EHC30	Hard and soft palate closure	☐
EHC31	Hard palate closure	☐
EHC32	Soft palate closure	☐
EHC45	Re-repair of palate	☐
EHC50	Pharyngeal flap	☐
ENC30	Plastic operation of pharynx	☐
EHC99+ZZR45	Buccal flap	☐

Nose operation ☐ Not performed ☐ Primary surgery ☐ Secondary surgery

Operation code

DJD20	Plastic repair of septum	☐
DLD00	Reconstruction of cartilage of nose	☐
DLD10	Reconstruction of bone of nose	☐
DLD20	Rhinoplasty, bone and cartilage	☐
DLW99	V to Y plasty	☐

Jaw operation ☐ Not performed ☐ Primary surgery ☐ Secondary surgery

Operation code

EBA10	Tooth extraction	☐
ECB05	Mucogingival repair	☐
ECB15	Oronasal fistula repair	☐
EEC05	Lefort I osteotomi	☐
EEC40	Distraction of maxilla	☐
ECB50	Bone transplant to alveolar ridge	☐
EEW99	Vomer osteotomi	☐

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
☐ No ☐ Yes

Infection
☐ No ☐ Yes

Rupture
☐ No ☐ Yes

Antibiotics

☐ No ☐ Yes