

European Association for Cranio-Maxillo-Facial Surgery



Operative Report Form

FACIAL CLEFT SURGERY FELLOWSHIP

		Name of patient Birth date	Surgeon	Co-surgeon	Assitant- surgeon	Observed	Signature responsible surgeon
A	Primary lip repairs						
B	Primary palatal repairs						
	Soft palate						
	Hard palate						
C	Alveolar bone grafting						
D	Surgery for VPI						
E	Cleft rhinoplasty						
F	Secondary lip surgery						
G	Cleft Orthognathic surgery						
H	Ancillary procedures						
	Total						