



Department of Internal Medicine
PROCEDURE REPORT

Name of Resident: _____ Name of Supervisor: _____
Date of Procedure: _____ Unit & Room: _____
Type of Procedure: Please select from the f/g. MR #: _____

Table with 2 columns: Number (1-9) and Procedure Name (Peripheral line placement, Central line placement, Arterial line placement, Lumbar puncture, Thoracentesis, Paracentesis, Arthrocentesis, NGT placement, Others).

Is there any complication during or after the procedure? Yes No.
(If you select yes please describe the circumstances briefly and clearly and if extra space
needed please attach additional paper).

Series of horizontal lines for writing a report on complications.