

Action pose <input checked="" type="checkbox"/> dépose <input type="checkbox"/>	Implantation id: intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/>	Position: Abdo <input checked="" type="checkbox"/> cou <input type="checkbox"/>	Implant id: n° 150	Type implant: vienne <input type="checkbox"/> ibutton <input checked="" type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
H début/start: _____	H fin/end: _____	Comments: 2 p X, sujet, 3 pl a-78- RAS		

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<p>Surgery</p> <p>Début: 11h10</p> <p>Fin: 11h30</p> <p>Injection: # 0,1 H: 10h40</p> <p>Injection: _____ H: _____</p> <p>Anhest. Local (Lurocaïne): 11h</p> <p>Anti-infl (Metacam): 0.02ml H: 11:33</p> <p>Antibio (Baytril): 0.04ml H: 11:33</p> <p>Desimplantation</p> <p>N° implant sous-cut: /</p> <p>N° implant Intra-abdo: /</p> <p>Implantation</p> <p>N° implant Intra-abdo: 150</p> <p>Autres:</p>	<p>Stress</p> <p>PS1 <input type="checkbox"/></p> <p>Injection DM: Heure: _____ PS <input type="checkbox"/> Heure: _____</p> <p>Injection ACTH: Heure: _____ PS <input type="checkbox"/> Heure: _____</p> <p>PS <input type="checkbox"/> Heure: _____</p>
Comments:	