



# ALLIANCE FOR SMILES

## COUNT SHEET

**PATIENT NAME:**

**AGE:**

**WT:**

**MR #:**

**ALLERGIES:**

**BLOOD:**

---

**SPONGES:**

**BLADES:**

**CAUTERY TIP:**

**HYPONEEDE:**

**SURGICAL NEEDLES:**

**INSTRUMENTS (TOTAL):**

**THROAT PACK IN -**

**THROAT PACK OUT -**