To the Senior Consultant in Neurological Surgery
Med. & Surg. Consultant Ho. A. P. O. 731,
A. E. F.

Report of Neurosurg. Team No. .... at .....
Hosp. No. ..... for the Month of ..... 191..

Signed .....

Name, rank, and organization	Serial No.	Diagnosis and classification	Operation	Date	Condition on evacuation	Remarks