

EXTERNSHIP CLINICAL LOG

SUMMARY OBSERVATION

Student's Name: _____ Course: _____

Area and/or Organ	Number of Procedures OBSERVED	Number of Procedures PERFORMED	Notes
LIVER			
KIDNEY			
SPLEEN			
PANCREAS			
GYNECOLOGY			
OBSTETRICS			
THYROID			
BREAST			
HEART			
VEINS			
ARTERIES			

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