

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Classifications of Surgery**  
**Answer sheet**

1) \_\_F\_\_

2) \_\_A\_\_

3) \_\_G\_\_

4) \_\_C\_\_

5) \_\_E\_\_

6) \_\_D\_\_

7) \_\_B\_\_

**DUE: Submit this answer sheet *to my mailbox* before class (0830) on Thursday, Oct. 2<sup>nd</sup>, 2025.**