

MOHS MICROGRAPHIC SURGERY

OPERATION NOTES



PATIENT NAME

HOSPITAL NUMBER

DATE OF BIRTH

DATE:

OPERATOR:

TECHNICIAN:

DIAGNOSIS: REF:

PRIOR Rx:

DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:

INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE:

PRE-OP SIZE:

PHOTO: Y N

| Mohs Layer | Sections | + | Anaesthetic (ml) |
|------------|----------|---|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| | | | TOTAL: |

Red
Blue
Green
Yellow

POST-OP SIZE:

PHOTO: Y N

REPAIR:

PHOTO: Y N

WOUND CARE:

FOLLOWUP: