## MOHS MICROGRAPHIC SURGERY OPERATION NOTES



	DATE.				
PATIENT NAME	OPERATOR:				
HOSPITAL NUMBER	TECHNICIAN:				
DATE OF BIRTH	DIAGNOSIS: REF:				
	PRIOR Rx:				
	DRUGS/ALLERGI	ES/ANTICOAG/PAC	EMAKER:		
INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH:	SIZE:	INDISTIN	ICT: 🗌 S	ITE:	
CHIN	PRE-OP SIZE:				
OTHIN .			PHOTO:	Y N	
	Mohs Layer	Sections	+	Anaesthetic (ml)	
	1				
5	2				
	3				
	4				
	5				
	Red Blue Green Yellow			TOTAL:	
		POST-OP SIZE:			
			PHOTO:	Y N	
REPAIR:				-	

		PHOTO: Y N
WOUND CARE:	FOLLOWUP:	

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