

# MOHS MICROGRAPHIC SURGERY

## OPERATION NOTES



<b>PATIENT NAME</b>  <b>HOSPITAL NUMBER</b>  <b>DATE OF BIRTH</b>	DATE:  OPERATOR:  TECHNICIAN:  DIAGNOSIS:                      REF:  PRIOR Rx:  DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:
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INDICATIONS: RECURRENT:  INFILTRATIVE:  YOUTH:  SIZE:  INDISTINCT:  SITE:



PRE-OP SIZE:

PHOTO:    Y    N

<i>Mohs Layer</i>	<i>Sections</i>	+	<i>Anaesthetic (ml)</i>
1			
2			
3			
4			
5			
<small>Red Blue Green Yellow</small>			<b>TOTAL:</b>

POST-OP SIZE:

PHOTO:    Y    N

REPAIR:

PHOTO:    Y    N

WOUND CARE:

FOLLOWUP: