## MOHS MICROGRAPHIC SURGERY OPERATION NOTES



		DATE:					
PATIENT NAME	TNAME			OPERATOR:			
HOSPITAL NUMBER  DATE OF BIRTH		TECHNICIAN:					
		DIAGNOSIS: REF:					
		PRIOR Rx:					
	DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:						
INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE:							
LEFT MEDIAL CANTHUS  PRE-OP SIZE:							
LEFT MEDIAL CANTHOS		PHOTO: Y N					
		Mohs Layer	Sections	+	Anaesthetic (ml)		
		1					
	2						
AMARINA MARINA		3					
		4					
		5					
	Red Blue Green Yellow			TOTAL:			
	POST-OP SIZE:						
				РНОТО:	Y N		
REPAIR:							
				DUOTO	V NI		
[z				РНОТО:	Y N		
WOUND CARE:	FOLLOV	VUP:					

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