MOHS MICROGRAPHIC SURGERY OPERATION NOTES



PATIENT NAME HOSPITAL NUMBER DATE OF BIRTH		OPERATOR:			
		TECHNICIAN:			
		DIAGNOSIS: REF:			
		PRIOR Rx:			
		DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:			
INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE:					
DIQUIT MEDIAL CANTUUO		PRE-OP	SIZE.		
RIGHT MEDIAL CANTHUS		PHOTO: Y N			
		Mohs Layer	Sections	+	Anaesthetic (ml)
		1			
	200	2			
C. C. C. D. V. D. XXXXXXVV		3	<u> </u>		
		4			
		5			
		Red Blue Green			TOTAL:
		POST-O	P SIZE:		
				РНОТО:	YN
REPAIR:				Junion State of the State of th	
				РНОТО:	YN
WOUND CARE:	FOLLOW	WUP:			

DATE:

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