MOHS MICROGRAPHIC SURGERY OPERATION NOTES



		DATE:				
PATIENT NAME		OPERATOR:				
HOSPITAL NUMBER DATE OF BIRTH		TECHNICIAN:				
		DIAGNOSIS: REF:				
		PRIOR Rx:				
	DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:					
INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE:						
DEFT UPPER LIP		PRE-OP SIZE:				
WLEFT OFFER LIF		PHOTO: Y N				
		Mohs Layer	Sections	+	Anaesthetic (ml)	
		1				
		2				
		3				
		4				
The model of the second second		5				
		Red Blue Green Yellow		TOTAL:		
		POST-OP SIZE:				
				PHOTO:	Y N	
REPAIR:					-	
				•		
					a series	
				РНОТО:	Y N	
WOUND CARE:	FOLLO\	FOLLOWUP:				

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