## MOHS MICROGRAPHIC SURGERY OPERATION NOTES



	DATE:	DATE:			
PATIENT NAME	OPERA	OPERATOR:			
HOSPITAL NUMBER	TECHNI	TECHNICIAN:  DIAGNOSIS: REF:			
DATE OF BIRTH	DIAGNO				
DATE OF BIRTH	PRIOR Rx:				
	DRUGS/ALLER	DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:			
INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE:					
RIGHT UPPER LIP	PRE-OP SIZE:				
RIGHT OFFER LIP	PHOTO: Y N				
	Mohs Layer	Sections	+	Anaesthetic (ml)	
	1				
	2				
	3				
	4				
	5				
	Red Blue Green Yellow			TOTAL:	
	POST-C	POST-OP SIZE:			
			PHOTO:	: Y N	
REPAIR:				60	
			РНОТО:	: Y N	
WOUND CARE: FOLLO	OWUP:				

ashley.cooper@derminfo.co.uk