## MOHS MICROGRAPHIC SURGERY OPERATION NOTES



|  | DATE:                               |           |        |                     |
|--|-------------------------------------|-----------|--------|---------------------|
| PATIENT NAME   | OPERATOR:                           |           |        |                     |
| HOSPITAL NUMBER  | TECHNICIAN:                         |           |        |                     |
| DATE OF BIRTH  | DIAGNOSIS: REF:                     |           |        |                     |
| DATE OF BIRTH  | PRIOR F                             | PRIOR Rx: |        |                     |
|  | DRUGS/ALLERGIES/ANTICOAG/PACEMAKER: |           |        |                     |
| INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE: |                                     |           |        |                     |
|  | PRE-OP SIZE:                        |           |        |                     |
| LEFT LATERAL NOSE  | PHOTO: Y N                          |           |        |                     |
|  | Mohs<br>Layer                       | Sections  | +      | Anaesthetic<br>(ml) |
|  | 1                                   |           |        |                     |
|  | 2                                   |           |        |                     |
|  | 3                                   |           |        |                     |
|  | 4                                   |           |        |                     |
|  | 5                                   |           |        |                     |
|  | Red<br>Blue<br>Green<br>Yellow      |           | •      | TOTAL:              |
|  | POST-OP SIZE:                       |           |        |                     |
|  |                                     |           | РНОТО: | ΥN                  |
| REPAIR:  |                                     |           |        | 6                   |
|  |                                     |           | (C)    | Tasur               |
|  |                                     |           |        |                     |
|  |                                     |           |        |                     |
|  |                                     |           | РНОТО: | ΥN                  |
| WOUND CARE: FOLLOW   | WUP:                                |           |        |                     |
|  |                                     |           |        |                     |
|  |                                     |           |        |                     |

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