MOHS MICROGRAPHIC SURGERY OPERATION NOTES

DATE:

OPERATOR:

TECHNICIAN:

DIAGNOSIS: REF:

PRIOR Rx:

DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:

PATIENT NAME

HOSPITAL NUMBER

DATE OF BIRTH

INDICATIONS: RECURRENT: ☐ INFILTRATIVE: ☐ YOUTH: ☐ SIZE: ☐ INDISTINCT: ☐ SITE: ☐

RIGHT LATERAL NOSE
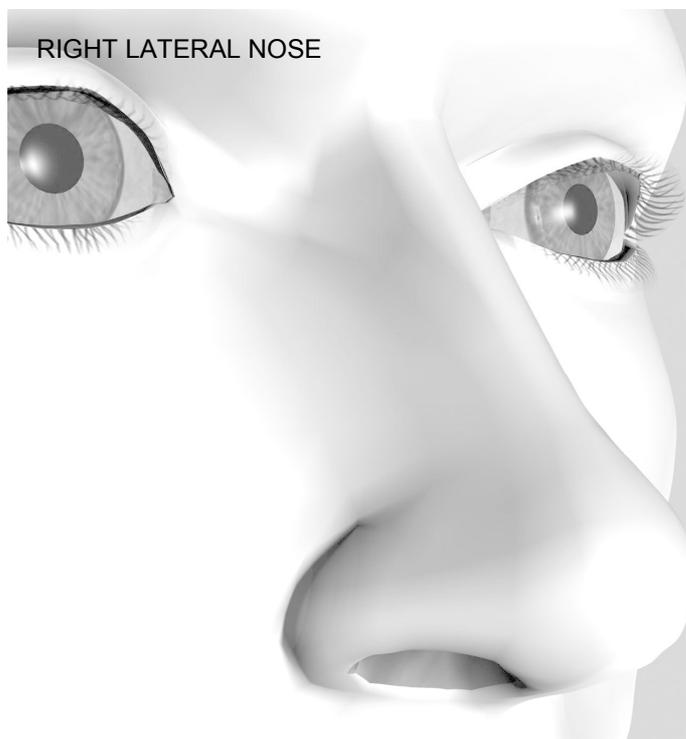
PRE-OP SIZE:

PHOTO: Y   N

Mohs Layer	Sections	+	Anaesthetic (ml)
1			
2			
3			
4			
5			

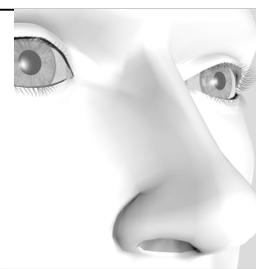Red
Blue
Green
Yellow

TOTAL:

POST-OP SIZE:

PHOTO: Y   N

REPAIR:

PHOTO: Y   N

WOUND CARE:

FOLLOWUP: