## MOHS MICROGRAPHIC SURGERY OPERATION NOTES



	DATE:				
PATIENT NAME	OPERATOR: TECHNICIAN:				
HOSPITAL NUMBER					
DATE OF BIRTH	DIAGNOSIS: REF:				
DATE OF BIRTH	PRIOR Rx:				
	DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:				
INDICATIONS: RECURRENT: INFILTRATIVE: YOUTH: SIZE: INDISTINCT: SITE:					
NOSE TIP	PRE-OP SIZE:				
NOOL III	PHOTO: Y N				
	Mohs Layer	Sections	+	Anaesthetic (ml)	
	1				
	2				
	3				
	4				
	5			TOTAL	
		Red Blue Green Yellow			
	POST-O	POST-OP SIZE:			
			РНОТО:	Y N	
REPAIR:					
			РНОТО:	ΥN	
WOUND CARE: FOLLO	WUP:				

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