MOHS MICROGRAPHIC SURGERY OPERATION NOTES



	DATE.								
PATIENT NAME	OPERAT	OR:							
HOSPITAL NUMBER	TECHNICIAN:								
DATE OF BIRTH	DIAGNOSIS: REF:								
	PRIOR Rx:								
	DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:								
	PRE-OP	SIZE							
VERTEX			PHOTO:	Y	N				
	Mohs Layer	Sections	+	Anaesth (ml)					
	1								
	2]							
	3								
	4								
	5								
	Red Blue Green Yellow			TOTAL:					
	POST-OP SIZE:								
			PHOTO:	Y	N				
REPAIR:									

		ł		
			v	
		PHOTO:	Y N	
WOUND CARE:	FOLLOWUP:			

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