MOHS MICROGRAPHIC SURGERY
OPERATION NOTES

PATIENT NAME

HOSPITAL NUMBER

DATE OF BIRTH

OPERATOR:

TECHNICIAN:

DIAGNOSIS:

REF:

PRIOR Rx:

DRUGS/ALLERGIES/ANTI-THROMBOTIC/PACEMAKER:

INDICATIONS:

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

LEFT CONCHA

PRE-OP SIZE:

PHOTO: Y N

Mohs Layer | Sections | Anaesthetic (ml) | TOTAL:  
---|---|---|---
1 | | |  
2 | | |  
3 | | |  
4 | | |  
5 | | |  

PHOTO: Y N

POST-OP SIZE:

PHOTO: Y N

REPAIR:

PHOTO: Y N

WOUND CARE:

FOLLOWUP:

ashley.cooper@derminfo.co.uk