MOHS MICROGRAPHIC SURGERY
OPERATION NOTES

PATIENT NAME
HOSPITAL NUMBER
DATE OF BIRTH

OPERATOR:
TECHNICIAN:
DIAGNOSIS:
PRIOR Rx:
DRUGS/ALLERGIES/ANTI-CoAG/PACEMAKER:

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

RIGHT MEDIAL CANTHUS

PRE-OP SIZE:

PHOTO: Y N

<table>
<thead>
<tr>
<th>Mohs Layer</th>
<th>Sections</th>
<th>+</th>
<th>Anaesthetic (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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</tr>
<tr>
<td>5</td>
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</tr>
</tbody>
</table>

TOTAL:

POST-OP SIZE:

PHOTO: Y N

REPAIR:

WOUND CARE:

FOLLOWUP:

ashley.cooper@derminfo.co.uk

DATE:

WOUND CARE:

FOLLOWUP: