MOHS MICROGRAPHIC SURGERY
OPERATION NOTES

PATIENT NAME
HOSPITAL NUMBER
DATE OF BIRTH

OPERATOR:
TECHNICIAN:
DIAGNOSIS:
REF:
PRIOR Rx:

DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:

INDICATIONS:
RECURRENT:
INfiltrative:
YOUTH:
SIZE:
INDISTINCT:
SITE:

RIGHT EYE

PRE-OP SIZE:

PHOTO: Y N

MoHS Layer | Sections | Anaesthetic (ml)
---|---|---
1 | | |
2 | | |
3 | | |
4 | | |
5 | | |

Total:

POST-OP SIZE:

PHOTO: Y N

REPAIR:

PHOTO: Y N

WOUND CARE:

PHOTO: Y N

FOLLOWUP:

asheyc.cooper@derminfo.co.uk