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 OBLIQUE

PRE-OP SIZE:

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:

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