MOHS MICROGRAPHIC SURGERY
OPERATION NOTES

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>OPERATOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL NUMBER</td>
<td>TECHNICIAN:</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>DIAGNOSIS:</td>
</tr>
<tr>
<td></td>
<td>REF:</td>
</tr>
<tr>
<td></td>
<td>PRIOR Rx:</td>
</tr>
<tr>
<td></td>
<td>DRUGS/ALLERGIES/ANTICOAG/PACEMAKER:</td>
</tr>
</tbody>
</table>

INDICATIONS:

RECURRENT: □ INFILTRATIVE: □ YOUTH: □ SIZE: □ INDISTINCT: □ SITE: □

RIGHT FACE

<table>
<thead>
<tr>
<th>PRE-OP SIZE:</th>
<th>PHOTO: Y N</th>
</tr>
</thead>
</table>

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

TOTAL:

POST-OP SIZE:

| PHOTO: Y N |

REPAIR:

WOUND CARE:

FOLLOWUP:

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