MOHS MICROGRAPHIC SURGERY
OPERATION NOTES

PATIENT NAME
HOSPITAL NUMBER
DATE OF BIRTH

OPERATOR: 
TECHNICIAN: 
DIAGNOSIS: 
REF: 
PRIOR Rx: 
DRUGS/ALLERGIES/ANTI-CA/IC/POC/PACEMAKER:

INDICATIONS: RECURRENT: INfiltrATIVE: YOUTH: SIZE: INDISTINCT: SITE:

LEFT

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: 

FOLLOWUP: 

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