MOHS MICROGRAPHIC SURGERY
OPERATION NOTES

PATIENT NAME
HOSPITAL NUMBER
DATE OF BIRTH

OPERATOR:
TECHNICIAN:
DIAGNOSIS: REF:
PRIOR Rx:

DRUGS/ALLERGIES/ANTIAG/PACEMAKER:

INDICATIONS: RECURRENT: ☐ INFLTRATIVE: ☐ YOUTH: ☐ SIZE: ☐ INDISTINCT: ☐ SITE: ☐

LEFT UPPER LIP

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:

PHOTO: Y N

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