

OP NOTE

DATE: _____

PRE-OP DIAGNOSIS: _____

POST-OP DIAGNOSIS: _____

OPERATION: _____

SURGEON: _____

ASSISTANTS: _____

ANESTHESIA: GEN IVA BLOCK IVIM LOC S/E _____

COMPLICATIONS: _____

ESTIMATED BLOOD LOSS: None Less than 10cc Amount of EBL: _____

FLUID REPLACEMENT: _____

DRAINS: _____

POST-OP CONDITION: _____

DISPOSITION: _____

ADDITIONAL COMMENTS (FINDINGS): _____

SPECIMENS: _____

M.D. SIGNATURE: _____

Dictated OP Report must follow

Addressograph

Hospital

OP NOTE