

Immediate Post Op/ Post Procedure Note

* Asterisk indicates item is required

* Surgery/Procedure Date:

* Surgeon/Proceduralists:

* Assistants: ☐ None / Unless otherwise indicated:

* Pre-Op Diagnosis:

* Post-Op Diagnosis:

* Anesthesia Type:

* Operative/Procedure(s) Performed:

* Complications: ☐ None / Unless otherwise indicated:

* Findings:

* Specimen(s): ☐ None / Unless otherwise indicated:

* Estimated Blood Loss: ☐ None / Unless otherwise indicated:

☐ < 10ml EBL / ☐ < 15ml EBL / ☐ < 50 ml EBL / _____ ml EBL

* Blood administered: ☐ None / Unless otherwise indicated:

* Grafts and Implants: ☐ None / Unless otherwise indicated:

Comments:

Date

Time

Physician's Signature

MD Number