



(Place Patient Identification Sticker Here)

HT: _____ cm

WT: _____ kg

Allergies: _____

**SURGERY IMMEDIATE
POST OP NOTE
ADDITIONAL DETAIL**

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
			Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
			Immediate Post Procedure Note
			*Required Items
			*Surgeon: _____
			*Assistants – None unless otherwise documented: _____
			*Pre-Op Diagnosis: _____
			*Post-Op Diagnosis: _____
			*Procedure/Description: _____
			Anesthesia: _____
			*Findings: _____
			*Specimens Removed – None unless otherwise documented: _____
			Other: _____
			*EBL (Estimated Blood Loss) – None unless otherwise documented: _____
			<10cc
			Other: _____
			Drains/Tubes: _____
			Fluid Replacement: _____
			Transfusion: _____
			Disposition/Complications: _____
	Physician's Signature _____		Physician's Signature _____
	MD # _____		MD # _____
	Date: _____ Time: _____		Date: _____ Time: _____

