OUTPATIENT SURGERY REPORT

NAME: _____ DATE: _____

Chief complaint/history of present illness including referral information, if any: _____

Past medical history: _____

Allergies: _____

Medications: _____

Physical examination:

H.E.E.N.T. _____

Heart _____

Lungs _____

Abdominal Findings _____

Pre-Op anesthetic note _____

Impression: _____

DOCTOR'S DATE AND TIME	NURSE INITIAL WHEN REMOVING COPY	ORDERS	NURSING TIME OBSERVED

Brief Operative Note:

Pre-Operative DX _____

Procedure _____

Post Operative DX _____

Ebl. _____

Drains/Implants _____

Specimens Obtained _____

Surgery Notes _____

Discharge:

Pertinent patient instructions _____

Follow-up Appt. _____

With responsible adult discharge to: ☐ Home ☐ Nursing Home ☐ Hospital

Post-Op Check _____

_____ M.D. _____ _____

Signature Date Time