Note progress in case, complications, consultations, change in
diagnosis, condition on discharge, instructions to patient

OPERATIVE REPORT PROGRESS NOTE

DATE: _____

SURGEON: _____ ASST. DR.: _____

SURGERY/PROCEDURE PERFORMED: _____

_____

_____

_____

POST-OP DIAGNOSIS/FINDINGS: _____

_____

_____

_____

TISSUE REMOVED/SPECIMENS: _____

_____

ESTIMATED BLOOD LOSS: _____

DRAINS: _____ POST-OP CONDITION: _____

                    CLEAN
CLEAN: _____ CONTAMINATED: _____ CONTAMINATED: _____ INFECTED: _____

REPORT DICTATED: _____ JOB NUMBER: _____ DATE: _____

_____

SIGNATURE