UNIVERSITY MEDICAL CENTER

AFFIX PATIENT INFO LABEL HERE

PROGRESS RECORD

Patient Name MR#

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

SIGNATURE

DATE: SURGEON: ASST. DR.: SURGERY/PROCEDURE PERFORMED: POST-OP DIAGNOSIS/FINDINGS: DISSUE REMOVED/SPECIMENS: DRAINS: POST-OP CONDITION: CLEAN CLEAN CLEAN CONTAMINATED: LOB NUMBER: DATE:	OPERATIVE REPORT PROGRESS NOTE				
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