

**BRIEF OPERATIVE
PROGRESS NOTE**

DATE:	TO BE DICTATED BY:
OPERATION:	
SURGEON:	
1st Asst.:	
PRE-OP DIAGNOSIS:	
POST-OP DIAGNOSIS:	
ANESTHESIA: <input type="checkbox"/> Local _____ <input type="checkbox"/> Regional _____ <input type="checkbox"/> General _____	
BLOOD LOSS:	
BLOOD REPLACEMENT:	
IV FLUIDS:	
DRAINS AND PACKING:	
WOUND: <input type="checkbox"/> Clean <input type="checkbox"/> Clean-contaminated <input type="checkbox"/> Contaminated	
COMPLICATIONS:	
PROCEDURE: (Wound prep., Incision, Findings, Pathology, Closure, etc.):	