

**McLaren Print System Order**

Order No: 43054 Reprint Previous Order No: 5561  
 Order Date: 2019-02-25  
 User: MELINDA RESCHKE  
 Phone: 2486823070

Ship Location: McLaren Oakland Waterford Family Medicine  
 3901 Highland Rd., Suite D  
 Waterford, MI 48328

**Forms**

Quantity: 100  
 Paragon Dept No: 73650  
 Dept Name: McLaren Oakland Waterford Family Medicine  
 Company Number: 810

Order Total Price: 0.20

Item Number: MM-34518  
 Item Description: Report of Surgical Procedure  
 Revision Date: 2/2016  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Medical Group  
**REPORT OF SURGICAL PROCEDURE**

PROCEDURE \_\_\_\_\_

PREOPERATIVE DIAGNOSIS #1 \_\_\_\_\_  
 #2 \_\_\_\_\_

POSTOPERATIVE DIAGNOSIS #1 \_\_\_\_\_  
 #2 \_\_\_\_\_

SKIN PREP IN STERILE FASHION  
 ANESTHESIA ( ) none ( ) 1% lidocaine ( ) 1% lidocaine w/epi ( ) marcaine 0.25%  
 ( ) other \_\_\_\_\_

TOTAL AMOUNT OF ANESTHESIA ADMINISTERED \_\_\_\_\_

1 2 3 4 5 6 7 8 9 +10 LESIONS      1 2 3 4 5 6 7 8 9 +10 LESIONS

LESION #1 Site \_\_\_\_\_      LESSION #2 Site \_\_\_\_\_  
 Method: \_\_\_\_\_      Method: \_\_\_\_\_  
 excision with \_\_\_\_\_       excision with \_\_\_\_\_  
 loop cautery       loop cautery  
 shave       shave  
 punch       punch  
 curet       curet  
 destruction       destruction  
 Specimen size \_\_\_\_\_      Specimen size \_\_\_\_\_

Hemostasis via: \_\_\_\_\_      Hemostasis via: \_\_\_\_\_  
 silver nitrate       silver nitrate  
 electrocautery       electrocautery  
 aluminum chloride       aluminum chloride

Blood Loss \_\_\_\_\_      Blood Loss \_\_\_\_\_  
 Yes, estimated blood loss \_\_\_\_\_ mL  
 No       Yes, estimated blood loss \_\_\_\_\_ mL  
 No

Single/multi-layer closure \_\_\_\_\_      Single/multi-layer closure \_\_\_\_\_  
 \_\_\_\_\_ Wonyl sub-Q      \_\_\_\_\_ Wonyl sub-Q

\_\_\_\_\_ Simple nylon/prolene      \_\_\_\_\_ Simple nylon/prolene  
 \_\_\_\_\_ Mattress nylon/prolene      \_\_\_\_\_ Mattress nylon/prolene

Surgical margin \_\_\_\_\_ cm      Surgical margin \_\_\_\_\_ cm  
 Specimen YES/NO \_\_\_\_\_      Specimen YES/NO \_\_\_\_\_  
 sent to pathology       sent to pathology

Wound care instructions were given to patient. Wound was dressed with appropriate ointment prior to release. Patient instructed to call with any questions and/or problems. Patient to follow up as scheduled for post-operative care. Patient tolerated procedure well.

PATIENT TO RETURN TO CLINIC IN \_\_\_\_\_ DAYS.

PROVIDER'S SIGNATURE \_\_\_\_\_

DATE/TIME \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

**REPORT OF SURGICAL PROCEDURE**  
MM-34518-01