

**McLaren Print System Order**

Order No: 44809 Reprint Previous Order No: 5561  
 Order Date: 2019-04-23  
 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 \_\_\_\_\_

<p>1 2 3 4 5 6 7 8 9 +10 LESIONS</p> <p>LESION #1 Site _____                  Method:  <input type="checkbox"/> excision with _____  <input type="checkbox"/> loop cautery  <input type="checkbox"/> shave  <input type="checkbox"/> punch  <input type="checkbox"/> curet  <input type="checkbox"/> destruction                  Specimen size _____</p> <p>Hemostasis via:  <input type="checkbox"/> silver nitrate  <input type="checkbox"/> electrocautery  <input type="checkbox"/> aluminum chloride</p> <p>Blood Loss _____ mL  <input type="checkbox"/> Yes, estimated blood loss _____ mL  <input type="checkbox"/> No</p> <p>Single/multi-layer closure                  _____ Wonyl sub-Q                  _____ Simple nylon/prolene                  _____ Mattress nylon/prolene</p> <p>Surgical margin _____ cm                  Specimen YES/NO  <input type="checkbox"/> sent to pathology</p>	<p>1 2 3 4 5 6 7 8 9 +10 LESIONS</p> <p>LESION #2 Site _____                  Method:  <input type="checkbox"/> excision with _____  <input type="checkbox"/> loop cautery  <input type="checkbox"/> shave  <input type="checkbox"/> punch  <input type="checkbox"/> curet  <input type="checkbox"/> destruction                  Specimen size _____</p> <p>Hemostasis via:  <input type="checkbox"/> silver nitrate  <input type="checkbox"/> electrocautery  <input type="checkbox"/> aluminum chloride</p> <p>Blood Loss _____ mL  <input type="checkbox"/> Yes, estimated blood loss _____ mL  <input type="checkbox"/> No</p> <p>Single/multi-layer closure                  _____ Wonyl sub-Q                  _____ Simple nylon/prolene                  _____ Mattress nylon/prolene</p> <p>Surgical margin _____ cm                  Specimen YES/NO  <input type="checkbox"/> sent to pathology</p>
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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