

McLaren Macomb Family First
Office Procedure Note

Patient: _____ Date: _____ Consent Signed: _____

Procedures: _____

Diagnosis: _____

Amount of Anesthesia: _____

none	1% lido	1%lido w/	2% lido	2%lido w/	0.5% marcaine	Ethyl chloride

Lesion Site: _____

Number of Lesions: _____

Method:

- _____ Excisional Biopsy
- _____ Shave Biopsy
- _____ Punch Biopsy
- _____ Cryo

Specimen Size: _____

Specimen Sent: YES / NO

EBL: _____

Patient to return to clinic in _____ days.

Wound was dressed appropriately. Wound care instructions were provided. Patient instructed to call with any questions or concerns. Follow up as scheduled.

Physician: _____ Date and Time: _____

Teaching Physician

_____: I was personally present and supervised the resident performing this procedure.

_____: I personally performed this procedure.

Physician: _____ Date and Time: _____