

POST-OPERATIVE/PROCEDURE NOTE

NOTATIONS

All BOLD Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.

Pre – Operative Diagnosis:

Post – Operative Diagnosis/Gross Findings:

Procedure(s) Performed:

Physician/Surgeon(s):

Assistant(s):

No Specimens unless noted:

No Blood loss unless noted:

Complications:

Anesthesia: General Local Spinal IV Sedation

Teaching Physician Addendum:

Physician's Signature: _____ **Date/Time:** _____

