



GREATER LANSING

PHYSICIAN'S PROGRESS RECORD & OPERATIVE INVASIVE PROCEDURES – ELECTROPHYSIOLOGISTS

PRE/POST-OP NOTE

Date of Procedure:

Preoperative Diagnosis:

Postoperative Diagnosis:

Procedure(s) Performed:

Procedure:

Physician:

Asst: None

Anesthesia:

Tourniquet time: N/A

EBL: (no blood loss unless noted)

Specimens (no specimens unless noted)

Fluids N/A

Drains: None

Conditions: N/A

Findings: N/A

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

