MINOR PROCEDURE OPERATIVE REPORT

Date: _____

Name: _____

Preoperative Diagnosis: _____

Postoperative Diagnosis: _____

Procedure:_____

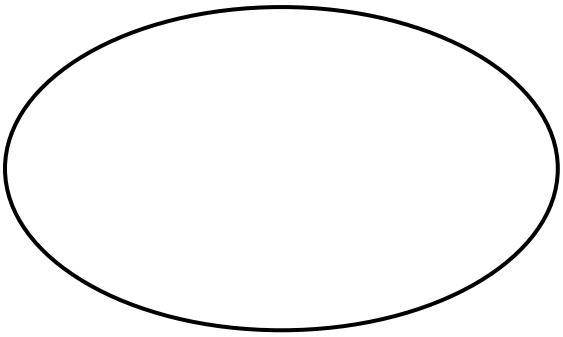
Topical Anesthesia:

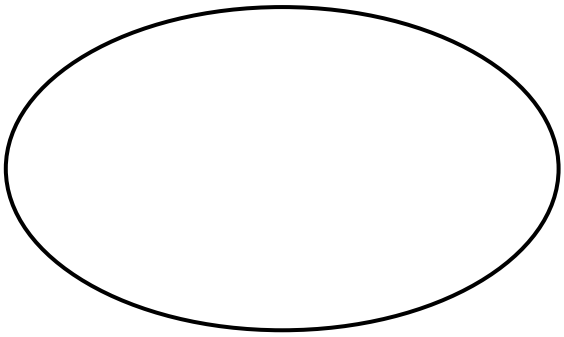
Medication _____ Amount: _____ Site: _____

Complications:

Indication(s):

Description of procedure:





The patient tolerated the procedure well and left in good condition. The postoperative instructions were given, including medications and activity level, as well as a follow-up appointment.

Signature _____

PRINTED NAME OF THE SURGEON