

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Surgery:	_____
DOB:	_____	Surgeon:	_____
Age / Sex:	_____	MRN:	_____
Assistant Surgeon / Resident / PA:	_____	Anesthesiologist / CRNA:	_____
Facility / Operating Room:	_____		_____

PD Pre / Post-Operative Diagnosis

2 DIAGNOSES

Pre-Operative Diagnosis: _____ Post-Operative Diagnosis: _____

PR Procedure Performed

3 PROCEDURE

Exact procedure performed — surgical terminology, laterality, anatomical site, approach, and additional procedures...

IN Indication for Procedure

4 INDICATION

Clinical reason for surgery — symptoms, diagnosis, failed conservative treatment, disease severity, imaging/diagnostic findings, and rationale...

PRE Pre-Operative Details

5 CONSENT, ANESTHESIA & POSITIONING

Consent:	_____	Anesthesia Type:	_____
Patient Positioning:	_____	Site Preparation / Draping:	_____
Time-Out Performed:	_____	Antibiotic Prophylaxis:	_____

OF Operative Findings

6 INTRAOPERATIVE FINDINGS

Intraoperative findings — pathology, anatomy, abnormalities, inflammation, adhesions, masses, bleeding, infection, tissue quality, or other clinically significant observations...

OT Operative Technique

7 PROCEDURE NARRATIVE

Chronological narrative: surgical approach and incision, dissection and exposure, key procedural steps, structures identified and protected, tissue removal/repair/reconstruction/fixation, hemostasis achieved, irrigation or debridement, closure technique and dressing applied...

SP Specimens / Implants / Devices

8 SPECIMENS & MATERIALS

Specimens (source, labeling, destination): _____ Implants / Grafts / Devices (type, size, manufacturer): _____
Estimated Blood Loss: _____ Fluids / Blood Products: _____
Urine Output: _____ Complications: _____

CO Counts / Disposition

9 CLOSURE & DISPOSITION

Sponge / Needle / Instrument Counts: _____ Count Status: _____
Patient Condition at End of Case: _____ Disposition (PACU / ICU / unit): _____

PP Post-Operative Plan

10 POST-OP MANAGEMENT

Pain control, activity/weight-bearing restrictions, diet, wound care, antibiotics or anticoagulation, imaging or labs, follow-up plan, criteria for discharge or escalation...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M / Billing Code: _____ Procedure Code(s): _____
Basis for Billing: _____ Primary ICD-10 Code: _____
Secondary ICD-10 Code(s): _____

SURGEON NAME, MD / DO

SPECIALTY:

DATE

TIME