



OPERATIVE NOTE

Patient Information			
Patient Name:	DOB:	MRN:	Date of Surgery:
Location:	Surgeon:	Assistant(s):	
Patient Consent: <input type="checkbox"/> Obtained			
Preoperative Diagnosis:			
Indication for Surgery:			
Postoperative Diagnosis:			
Procedure Details			
Procedure:		Anesthesia:	
Preoperative Status (If applicable): BP: ___/___ HR: ___ BPM RR: ___ SpO ₂ : ___% Pain Score: ___/10			Other:
Operative Technique			
Patient Positioning:	Skin Prep and Draping:		Approach:
Key Surgical Steps			
Findings:		Complications	
EBL: ___ mL	Specimens collected (if applicable):		
Closure and Postoperative Care			
Wound Closure:	Disposition:		Postoperative instructions:
Follow-Up Plan			
Surgeon's Signature:			Date: