

# Surgical Procedure Report

**Patient Name**

**Date of Birth**

**MRN**

**Date of Surgery**

**Surgeon**

**Assistants**

**Pre-Op Diagnosis**

**Post-Op Diagnosis**

**Procedure Performed**

**Indications for Surgery**

**Type of Anesthesia**

**Findings**

**Procedure Details**

**Complications****Estimated Blood Loss****Specimens Removed****Drains****Post-Op Condition****Disposition****Surgeon Signature****Date Signed**