

# 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**