



**POST-PROCEDURE NOTES**

**PLEASE NOTE: IT IS A REQUIREMENT THAT ALL AREAS ON THIS FORM ARE COMPLETED**

<b>Procedure performed:</b>		
<b>Pre-procedure diagnosis:</b>		
<b>Post-procedure diagnosis:</b> <input type="checkbox"/> Same as pre-procedure diagnosis		
<b>Procedure Findings:</b> <input type="checkbox"/> N/A		
<b>Procedure Complication(s):</b> <input type="checkbox"/> None		
<b>Surgeon / Operator:</b>		
<b>Assistant:</b> <input type="checkbox"/> None		
<b>Anesthesia:</b>	<input type="checkbox"/> General	<input type="checkbox"/> Regional
	<input type="checkbox"/> Local	<input type="checkbox"/> MAC
		<input type="checkbox"/> Moderate Sedation
		<input type="checkbox"/> _____
<b>Estimated Blood Loss:</b> _____ <input type="checkbox"/> None		
<b>Packing/Drains:</b> <input type="checkbox"/> N/A		
<b>Specimens:</b> <input type="checkbox"/> N/A		
<b>Condition:</b>	<input type="checkbox"/> Stable	<input type="checkbox"/> Guarded <input type="checkbox"/> Critical
<b>Transferred to:</b>	<input type="checkbox"/> SDS	<input type="checkbox"/> CCU <input type="checkbox"/> PARU <input type="checkbox"/> Nursing Unit <input type="checkbox"/> Nursing Holding Room
<b>Signature:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____		

**Please file in Progress Note section**