Operative Report

**DATE:**

**PATIENT NAME:**

**DOB:**

**MRN:**

**PREOPERATIVE DIAGNOSIS:**

**POSTOPERATIVE DIAGNOSIS:**

**PROCEDURE PERFORMED:**

This area indicates the procedure(s) performed.

**SURGEON:**

**ASSISTANT:**

**ANESTHESIA:**

**COMPLICATION:**

**INDICATIONS:**

 This area typically contains information regarding why the surgery is being performed and the patient’s history.

**SUMMARY/DETAILS:**

This section typically includes a detailed description of the procedure(s) performed.

**SAMPLE**

**OPERATIVE REPORT**