

Patient Name:

Medical Record #:

Date of Birth:

OPERATIVE PROCEDURE NOTE/ HISTOPATHOLOGY REPORT

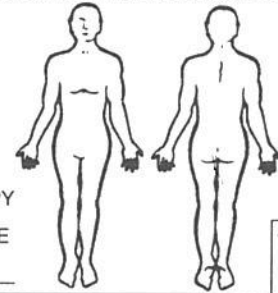
Do not write in shaded areas

DATE	ROOM #	ATTENDING PHYSICIAN	PAGER #	RESIDENT
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WORKING (PRE-OP) DIAGNOSIS/CLINICAL INFORMATION

FROZEN SECTION DIAGNOSIS

MARK ANATOMICAL LOCATIONS WHERE SPECIMEN(S) WERE TAKEN. IF MORE THAN ONE, NUMBER 1, 2, 3, etc.



SPECIAL EVALUATION

- ELECTRON MICROSCOPY
- IMMUNOFLOURESCENCE
- OTHER: _____

ACCESSION NO.

OPERATIVE FINDINGS

OPERATIVE PROCEDURE

SURGICAL SPECIMENS (LABEL & NUMBER)

ATTENDING PHYSICIAN SIGNATURE