

**OPERATIVE/INTERVENTIONAL REPORT**

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| NAME:  |
| AGE:  | SEX**:**  | DOB:  |  DATE OF ADMISSION:  |
| DATE OF SURGERY/INTERVENTION: |  LENGTH OF STAY: |
| DIAGNOSIS:  | DATE OF DISCHARGE/CONDITION: |
| SURGEON/INTERVENTIONALIST:  |   |
| PROCEDURE PERFORMED: |
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| OPERATIVE FINDINGS AS ANTICIPATED – YES/NO**IF NO, PLEASE DESCRIBE:** |
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| OPERATIVE COMPLICATIONS – YES/NO**IF YES, GIVE DETAIL:** |
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|  FOLLOW UP PLAN:  |
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