A logo with a heart and a ribbon

Description automatically generated

**OPERATIVE/INTERVENTIONAL REPORT**

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