Mohs Flow Sheet

NAME		**DOB**		**SEX**	M / F	**DATE**	
SITE		**S/P BX ON**		**DX**			
MEDS		**ALLERGIES**					
PRE-OP MEDICATION(S)		**PROSTHESIS**	☐ GLASSES/CONTACT ☐ DENTURES	☐ ARTIFICIAL JOINTS ☐ PACEMAKER			
TO OPERATING/PROCEDURE ROOM	_____AM _____PM						
SIGNATURE (INTAKE PERSON)							

SURGERY REPORT

SKIN PREP	☐ BETADINE	☐ SOAP/WATER	☐ OTHER

	STAGE I	**STAGE II**	**STAGE III**	**STAGE IV**	**STAGE V**
START TIME					
STOP TIME					

ANESTHESIA	**XYLOCAINE**	☐ 1%	☐ 2%	☐ OTHER _____	**WITH EPI**	☐ 1:100,000	☐ 1:200,000	☐ PLAIN

STAGE	**ANESTHESIA VOLUME**	**MEASURED DEFECT AFTER MOHS'**	**# BLOCKS**	**MARGINS CLEAN**	
STAGE I	CC	MM		☐ YES	☐ NO
STAGE II	CC	MM		☐ YES	☐ NO
STAGE III	CC	MM		☐ YES	☐ NO
STAGE IV	CC	MM		☐ YES	☐ NO
STAGE V	CC	MM		☐ YES	☐ NO

FINAL MEASUREMENT	MM	**PHOTO TAKEN**	☐ YES	☐ NO
WOUND TO HEAL IN				
WOUND TO BE SURGICALLY REPAIRED	☐ TODAY ☐ TOMORROW	☐ IN _____ DAYS ☐ SEE REPAIR OPERATIVE NOTE	☐ OTHER _____	

ELEMENTS OF HISTOLOGY

DEPTH OF INVASION	☐ SUPERFICIAL DERMIS ☐ FAT	☐ MID DERMIS ☐ FASCIA	☐ DEEP DERMIS ☐ MUSCLES
PATHOLOGY PATTERN	☐ ATYPICAL BASALOID CELLS IN NESTS	☐ CORDS	☐ MORPHEAFORM
CELL MORPHOLOGY	☐ ATYPICAL BASALOID ☐ HYPERCHROMATIC	☐ MITOTIC FIGURES	
IF PRESENT	☐ SCAR TISSUE	☐ PERINEURAL INVASION	
SPECIAL STAINS	☐ IMMUNOHISTOCHEMICAL ☐ CYTOKERATIN ☐ MED-5	☐ IMMUNOPEROXIDASE ☐ MART 1 ☐ CK-7	☐ IMMUNOSTAINS ☐ SOX-10

FINAL WOUND CARE

☐ **BLEEDERS WERE TREATED WITH**	☐ ELECTROCOAGULATION ☐ LIGATION	☐ MONSELS SOLUTION ☐ ALUMINUM CHLORIDE	
☐ **WOUND WAS PACKED WITH**	☐ PRESSURE DRESSING WITH TELFA, COTTON BALLS, GAUZE PADS AND TAPE	☐ POLYSPORIN ☐ BACITRACIN	☐ GELFOAM ☐ OTHER_____

DISCHARGE SUMMARY

DISCHARGE DATE/TIME		AM/PM	ACCOMPANIED BY	
POST OP INSTRUCTIONS GIVEN			MEDS/RX	
RETURN TO OFFICE	_____DAY(S) _____WEEK(S)			
COMPLETED BY			DATE	