



DATE OF PROCEDURE: [date]
PREOPERATIVE DIAGNOSIS: []
POSTOPERATIVE DIAGNOSIS: []
PROCEDURE PERFORMED: []
COMPLICATIONS: none
SURGEON: Brian Gilmer, MD.
ASSISTANT: [Karly Dawson, PAC]

Ms. Dawson's expert assistance was medically necessary for manipulation of the limb and management of multiple instruments at one time. All critical portions of the procedure were performed by myself.

ANESTHESIOLOGIST: [MD name]
ANESTHESIA: [General]
COMPLEXITY: Normal
DEVICES: N/A
IMPLANT SHEET REVIEWED: N/A
ESTIMATED BLOOD LOSS: [Five mL].
SPECIMEN REMOVED: None.
BLOOD ADMINISTERED: None.
TOURNIQUET TIME: [] minutes
INDICATIONS: Patient is a []

Understanding all of this, they asked me to proceed.

DESCRIPTION OF PROCEDURE: On the date of surgery, the patient was identified in the preoperative holding area. Surgical site was agreed upon, confirmed, marked by the surgery team, nursing staff and the patient themselves. I marked the operative side. They were taken to the operating room. Surgical time-out was performed. They were positioned on the operating table with attention paid to padding all bony prominences. An anesthetic was administered.



Patient Name:[name]
Account number: [account number]
MR #: [MR]
Date of Birth: [mm/dd/yyyy]
Date of Visit: [Date]

The limb was prepped and draped in the usual sterile fashion. They received antibiotic prophylaxis within 30 minutes of incision and mechanical DVT prophylaxis.

[]

POSTOPERATIVE PLAN: Date of discharge protocol with narcotics and antiemetics.

Electronically signed by Brian B. Gilmer, MD [date]. [time]