

# Operation Note

**(Last Name), (First Name)**

**DOB: (Date of Birth)**

**MRN: (Medical Record Number)**

**Date of Encounter: (Date)**

**Return: (Follow up appointment selected by doctor in treatment plan)**

**Diagnosis: (Surgery Performed)**

**Work Duty:**

**Chief Complaint:**

## History of Presenting Illness

(Name) presents today for first post-op visit up. Since surgery, the patient (Fevers/chills/nausea/vomiting/chest pain/shortness of breath/calf/falls/trauma). (He/She) states (his/her) pain is (controlled/not controlled) (without medication/with medication including (free text box)). Pain is graded at (Pain Scale) level intensity. (He/She) (Is ambulating without any assistive devices/is ambulating with (Assistive Device)/is not ambulatory)

**Examination:** (Name) is an awake, alert and oriented (male/female/individual) that appears (his/her/their) stated age. They have a pleasant demeanor. They are able to follow commands appropriately. They are in no acute distress.

## Vitals:

**Skin:**Incision is

(Clean/Dry/Intact/Erythema/Edema/Ecchymosis/Drainage/Dehiscence/Hematoma)

**The patient has tenderness to palpation at:**

**Range of motion:**

**Strength:**

## **Reflexes:**

**The patient has a positive: (Special Tests)**

**The patient has a negative: (Special Tests)**

## **Distribution of Radiation:**

## **Diagnostic Studies:**

**Assessment: (Name) is a (Age) year old (sex) S/P:**

### **1.) (Surgery Performed)**

Plan: (Name) presents with signs and symptoms consistent with (Diagnosis #1), (Diagnosis #2), Diagnosis, diagnostic studies, and treatment plans were reviewed with the patient at today's visit. Treatment plan includes (Treatment Plan buttons selected by doctor). The patient will follow up (in one week/in two weeks/in 3 weeks/in one month/in 6 weeks/ as needed/other). (The patient was provided with (DME item). The patient is happy with the plan moving forward.