

Kansas University Physicians, Inc.  
3901 Rainbow Boulevard  
Kansas City, Kansas 66160  
Department of Internal Medicine

Name \_\_\_\_\_  
Medical Record # \_\_\_\_\_  
Date \_\_\_\_\_

Surgeon \_\_\_\_\_ Assistant \_\_\_\_\_ Referring MD \_\_\_\_\_ Case # \_\_\_\_\_

Anesthesia:  Standard 1% lidocaine with 1:100,000 epi, buffered  2% plain lidocaine  
 Other \_\_\_\_\_ (Total \_\_\_\_ mL)

**Lesion A**

Mohs  Excision  Biopsy  Other \_\_\_\_\_  Recurrence  Previously Excised

Location \_\_\_\_\_ Preop Dx \_\_\_\_\_ Accession # \_\_\_\_\_

Preop Size \_\_\_\_\_ x \_\_\_\_\_ cm Postop Size \_\_\_\_\_ x \_\_\_\_\_ cm

**Histology**

Stage 1 #FS \_\_\_ # Positive \_\_\_  
Stage 2 #FS \_\_\_ # Positive \_\_\_  
Stage 3 #FS \_\_\_ # Positive \_\_\_  
Stage 4 #FS \_\_\_ # Positive \_\_\_  
Stage 5 #FS \_\_\_ # Positive \_\_\_  
Stage 6 #FS \_\_\_ # Positive \_\_\_  
Stage 7 #FS \_\_\_ # Positive \_\_\_  
Stage 8 #FS \_\_\_ # Positive \_\_\_

**Closure**

Outside Physician \_\_\_\_\_  
 G&E  
 Intermediate/ Purse String \_\_\_\_\_ cm  
 Complex \_\_\_\_\_ cm  
 Advancement Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 Rotation Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 Transposition Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 Island Pedicle Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 FTSG (donor \_\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_ cm  
 Other \_\_\_\_\_

**Size**

**Suture**

Ethilon \_\_\_-0  
 FA Gut\* \_\_\_-0  
 Prolene \_\_\_-0  
 Silk \_\_\_-0  
 Monocryl \_\_\_-0  
 Vicryl \_\_\_-0  
\* Fast Acting Gut

**Indication for Mohs:**  critical anatomic location  
 histo subtype  
 ill-defined borders  
 risk for recurrence  
 size greater than 1 cm

**Indication for Closure:**  size, location, risk for hemorrhage or infection to prevent deformity or loss of function from scar or to restore proper function

**Dressing:**  standard dressing  other dressing \_\_\_\_\_

Map of Mohs Sections by Stage (lesion A)

\_\_\_\_\_ I have personally reviewed the specimens and formulated the interpretation expressed in the report.

**MOHS MICROGRAPHIC SURGERY WITH FRESH FROZEN SECTION PROGRESS NOTE**

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 Kansas City, Kansas 66160  
 Department of Internal Medicine

Name \_\_\_\_\_  
 Medical Record # \_\_\_\_\_  
 Date \_\_\_\_\_

**Lesion B**

Mohs  Excision  Biopsy  Other \_\_\_\_\_  Recurrence  Previously Excised

Location \_\_\_\_\_ Preop Dx \_\_\_\_\_ Accession# \_\_\_\_\_

Preop Size \_\_\_\_\_x\_\_\_\_\_cm Postop Size \_\_\_\_\_x\_\_\_\_\_cm

**Histology**

Stage 1 #FS \_\_\_ # Positive \_\_\_  
 Stage 2 #FS \_\_\_ # Positive \_\_\_  
 Stage 3 #FS \_\_\_ # Positive \_\_\_  
 Stage 4 #FS \_\_\_ # Positive \_\_\_  
 Stage 5 #FS \_\_\_ # Positive \_\_\_  
 Stage 6 #FS \_\_\_ # Positive \_\_\_  
 Stage 7 #FS \_\_\_ # Positive \_\_\_  
 Stage 8 #FS \_\_\_ # Positive \_\_\_

**Closure**

Outside Physician \_\_\_\_\_  
 G&E  
 Intermediate/ Purse String \_\_\_\_\_ cm  
 Complex \_\_\_\_\_ cm  
 Advancement Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 Rotation Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 Transposition Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 Island Pedicle Flap \_\_\_\_\_ x \_\_\_\_\_ cm  
 FTSG (donor \_\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_ cm  
 Other \_\_\_\_\_

**Size**

**Suture**

Ethilon \_\_\_-0  
 FA Gut\* \_\_\_-0  
 Prolene \_\_\_-0  
 Silk \_\_\_-0  
 Monocryl \_\_\_-0  
 Vicryl \_\_\_-0  
 \* Fast Acting Gut

**Indication for Mohs:**  critical anatomic location  
 histo subtype  
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 risk for recurrence  
 size greater than 1 cm

**Indication for Closure:**  size, location, risk for hemorrhage or infection to prevent deformity or loss of function from scar or to restore proper function

**Dressing:**  standard dressing  other dressing \_\_\_\_\_

Map of Mohs Sections by Stage (lesion B)

\_\_\_\_\_ I have personally reviewed the specimens and formulated the interpretation expressed in the report.

- I was present for the entire procedure \_\_\_\_\_  The key portion of the procedure was performed in my presence.
- I was present during the critical and key portions of this procedure with a resident participating. Overlapping portions were non-key and I was immediately available. I interpret the critical and key portions of this procedure to have been: \_\_\_\_\_

Patient tolerated the procedure well   
 Post-Op and Wound care instructions  Verbal and Written  
 Follow-up appointment: \_\_\_\_\_

Antibiotic \_\_\_\_\_  
 Surgeon's Signature \_\_\_\_\_

**MOHS MICROGRAPHIC SURGERY WITH FRESH FROZEN SECTION PROGRESS NOTE**