

THE UNIVERSITY
OF KANSAS HOSPITAL
KUMED
3901 Rainbow Blvd
Kansas City, KS 66160

**HISTORY, PHYSICAL EXAMINATION AND
PROGRESS NOTES**

DATE/Time	OPERATIVE NOTE
	Primary Surgeon:
	Assistant(s):
	Findings:
	Procedure(s) Performed and Description:
	Estimated Blood Loss (as indicated):
	Specimen(s) Removed:
	Postoperative Diagnosis:
	Physician Signature:

