



**PHYSICIAN'S INTRAOPERATIVE
PROGRESS NOTE**

Date:

Time:

Preop Diagnosis:

Postop Diagnosis:

Procedure:

Surgical Team:

Anesthesia:

Estimated Blood Lost/Replaced:

Fluids Administered (Optional):

Findings

Specimens Sent:

Drains:

Complications:

Comments/Disposition:

M.D. Signature:

ID #:

Date:

Time: