

Procedure Note

Personal Information			
Name:			
Date of Birth:			
Medical Record Number:			
Allergies:			
Procedure Details			
Date:			
Time:			
Procedure Performed:			
Location:			
Pre-Procedure Assessment			
Vital Signs Documented			
Blood Pressure: _____ mmHG			
Heart Rate: _____ bpm			
Respiratory Rate: _____ bpm			
Temperature: _____ °C			
Pre-Procedure Medications Administered			
Local Anesthesia:			
Sedation:			
Procedure Details			
Procedure Performed by:			
Anesthesia			
Type:	Local Anesthesia	General Anesthesia	None
Dosage:			
Technique:			
Equipment Used:			

Sterile Field Maintained:	Yes	No
Complications Encountered:		
Post-Procedure Assessment		
Vital Signs Post-Procedure		
Blood Pressure: _____ mmHG		
Heart Rate: _____ bpm		
Respiratory Rate: _____ bpm		
Temperature: _____ °C		
Patient's Condition Post-Procedure		
Post-Procedure Instructions Given to the Patient		
Schedule Follow-up Appointment:		
Additional Instructions or Referrals:		
Documentation Completed by		
Name:		
Position Title:		
Date:		
Time:		