

PROCEDURE NOTES

Date: _____

Time: _____

Local anaesthetic: (Lidocaine 1% Plain:) _____
(Bupivacaine 0.25%) _____

Plastibell size: _____

Yes / No

Cautery: ☐ ☐

Silver Nitrate: ☐ ☐

Notes: _____

Post operative check

Site check / comments: _____

Name of Doctor: _____

Signature of Doctor: _____

Review appointment

Date: _____

Time: _____

Notes: _____

