

Patient Name _____ DOB ____ / ____ / ____

POST-OPERATIVE RECORD

- Post-Op Call/Text Date: ____ / ____ / ____ Pt did not answer. Left Message/Unable to leave message
- Patient reports they are doing well with swelling and pain within normal limits for treatment completed; answered all questions.
- Reinforced post-op instructions (i.e., diet, activity, medication instructions, contact info, etc.)
- Pain Scale (*circle*) 0 1 2 3 4 5 6 7 8 9 10

Notes:

Doctor's Signature _____

Additional Notes:

| | |
|--|--------------------|
| <input type="checkbox"/> Drug Log Recorded | ____ / ____ / ____ |
| <input type="checkbox"/> Posted for Payment | ____ / ____ / ____ |
| <input type="checkbox"/> Comment Card Sent | ____ / ____ / ____ |
| <input type="checkbox"/> 1 Week Post-Op Call | ____ / ____ / ____ |

Doctor's Signature _____ Date _____