

Date / Time	Post Procedure Notes:
	Post-Procedure Diagnosis:
	Procedure(s):
	Findings/Complications:
	Physician:
	Assistant: <input type="checkbox"/> NA
	EBL: <input type="checkbox"/> NA
	Specimens/Drains: <input type="checkbox"/> NA
	Disposition of Specimens: <input type="checkbox"/> Pathology <input type="checkbox"/> Disposed
	Physician Signature:

LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida

POST-PROCEDURE NOTES

FM# 0890 6/05

UCO TAB - PROGRESS NOTES