

# Beaumont Hospital

Troy

## OP NOTE:

Date of Surgery:	Allergies:
Type of Anesthesia:	Antibiotic Time:
Surgeon:	Incision Time:
Assistants:	Vein Harvest Time:
ASA:	Beta Blocker:

PRE / POST OP DIAGNOSIS: \_\_\_\_\_

PROCEDURE(S): \_\_\_\_\_

Aortic cross clamp time and pump time:	
Drains:	
TPW's	
Blood products:	
Drips:	
Specimens/findings:	
Disposition:	