MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*		ISSUANCE DATE
DIRECTORATE OF MEDICAL SERVICES PATIENT FORMS	NAVHOSPPNCLAINST 5213.6B	01 Oct 2015

LOCAL FORM TITLE *(Optional)*
PEDS - CIRCUMCISION NOTE

Date: _____ Time: _____

1. **Patient identification:** ☐ Birth Band ☐ Mother's Band
2. **Vital signs:** HR: _____ Resp: _____ Temp: _____
3. **NPO since:** _____
4. **Physical Exam date:** _____ **By:** _____
5. **Circumcision consent by:** _____ ☐ Witnessed ☐ Parent Signature
6. **Surgical pause:** _____ **Final check:** ☐ Right Patient ☐ Right Procedure
7. **Procedure start time:** _____ **End time:** _____
8. **Prep Agent:** _____ **Anesthesia:** _____
9. **Circumcision performed by:** _____
10. **Device used:** ☐ Gomco size _____ ☐ Mogan Clamp ☐ Plastibell size _____
11. ☐ Vaseline gauze applied post-op ☐ Other _____
12. **Circumcision check:** ☐ 15 min ☐ 1 hour
13. **Parent teaching:** ☐ Feed on demand ☐ Bleeding ☐ Urination ☐ S/S Infection ☐ Diaper care / cleaning ☐ Removal of gauze / Plastibell ☐ Comfort measures

Comments:

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	