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General Surgery Medical Transcription
Operative Sample Reports For Medical

Transcriptionists. DATE OF OPERATION:
MM/DD/YYYY. PREOPERATIVE
DIAGNOSIS: Stage III ...

ENT Medical Transcription Operative Sample
Report #3. DATE OF OPERATION:
MM/DD/YYYY. PREOPERATIVE
DIAGNOSES: 1. Bilateral nasal airway

obstruction, worse on the right side. 2. Right hemifacial headaches. 3. Right nasal septal deviation. 4. Bilateral inferior turbinate hypertrophy. 5. Right maxillary sinus

mucocele. POSTOPERATIVE DIAGNOSES:
1.

OPERATIVE REPORT SAMPLE #7. DATE

OF OPERATION:01/06/12.
PREOPERATIVE DIAGNOSIS: Status post
left recurrent cubital tunnel syndrome. Carpal
tunnel syndrome. POSTOPERATIVE

DIAGNOSIS: Status post left recurrent cubital tunnel syndrome. Carpal tunnel syndrome.
OPERATIVE PROCEDURE: Left carpal

tunnel release. Left cubital tunnel release.

Cardiology Medical Transcription Operative
Sample Reports. DATE OF OPERATION:

MM/DD/YYYY.

PREOPERATIVE

DIAGNOSES: 1. Sick sinus syndrome, status post pacemaker insertion. 2. Infected pacemaker with exposed wires. 3. Coronary

artery disease with history of coronary artery bypass graft.

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Reports Site 1

Ophthalmology Medical Transcription
Operative Sample Report #1. OPERATIONS

PERFORMED: 1. Ahmed glaucoma valve, right eye. 2. Scleral graft, right eye.

DESCRIPTION OF OPERATION: The patient was given a local anesthetic in the

holding area as follows. After intravenous sedation, 6 cc of 2% Xylocaine with epinephrine was injected in the form of a ...

General Surgery Operative Sample Report #1.
DATE OF OPERATION: MM/DD/YYYY
PREOPERATIVE DIAGNOSIS: Chronic
abdominal pain, probable adhesions.

POSTOPERATIVE DIAGNOSIS: Chronic abdominal pain, probable adhesions.
OPERATION PERFORMED: Diagnostic laparoscopy and lysis of adhesions.

SURGEON: John Doe, MD **ANESTHESIA:**
General. **COMPLICATIONS:** None.
SPECIMENS: ...

ENT Medical Transcription Operative Sample
Report #8. PROCEDURE PERFORMED:
Bilateral myringotomy with tubes. DETAILS
OF PROCEDURE: The patient was brought to

the operating room and put on the operating room table in a supine position. After adequate anesthesia was given, the patient was then set

up for myringotomy with tubes.

**OPERATIVE REPORT SAMPLE #8. DATE
OF OPERATION:02/23/12.**

PREOPERATIVE DIAGNOSIS: 1.

Pterygium, visually significant right eye.

POSTOPERATIVE DIAGNOSIS: 1.

Pterygium, visually significant right eye.

OPERATIVE PROCEDURE: 1. Ocular surface reconstruction with amniotic membrane graft, right eye.

OB-GYN Medical Transcription Operative
Sample Reports. OB-GYN Medical
Transcription Operative Sample Report #1 .
DATE OF OPERATION: MM/DD/YYYY

PREOPERATIVE DIAGNOSIS: Complex left adnexal mass. **POSTOPERATIVE DIAGNOSIS:** Left ovarian dermoid cyst. **OPERATION PERFORMED:** Laparoscopic

left partial salpingo-oophorectomy.

SURGEON: John Doe, MD ASSISTANT:

Jane Doe, MD

FLUIDS: At the end of the procedure, 1500 mL crystalloid. **FINDINGS:** Exam under anesthesia was not performed. **OPERATIVE FINDINGS:** Approximately 8-week size

uterus with normal tubes and ovaries bilaterally. Normal-appearing cervix. Uterus had a small right lower segment approximately 3 cm submucosal fibroid. SPECIMEN: Sent to

pathology. DESCRIPTION OF OPERATION:
The risks, benefits, ...

Ophthalmology

Medical

Transcription

Operative Sample Report #1. OPERATIONS
PERFORMED: 1. Ahmed glaucoma valve,
right eye. 2. Scleral graft, right eye.
DESCRIPTION OF OPERATION: The

patient was given a local anesthetic in the holding area as follows. After intravenous sedation, 6 cc of 2% Xylocaine with

epinephrine was injected in the form of a ...

Philadelphia cervical brace was applied to the neck. Neurosurgical Transcription Operative

Sample Report #3. OPERATION

PERFORMED: Lumbar diskography at L2-3,
L3-4, and L4-5 levels. DESCRIPTION OF

OPERATION: A right-sided two-needle

technique was performed at L2-3, L3-4 and L4-5, as well as an attempt made at L5-S1.

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Neurosurgery Medical Transcription Operative
Sample Reports. PREOPERATIVE
DIAGNOSIS: Chiari I malformation.
POSTOPERATIVE DIAGNOSIS: Chiari I

malformation. 1. Suboccipital craniectomy. 2. C1 laminectomy and C2 laminectomy with placement of dural expansion graft. ANESTHESIA: General. DESCRIPTION OF

OPERATION: The patient was brought to the
...

Urology Operative / Surgical Sample #4.

OPERATION: Cystoscopy and bladder biopsy. **DESCRIPTION OF OPERATION:** The patient was placed in the dorsolithotomy position on a cystoscopy table, prepped and

draped in the usual fashion. A #21 French cystoscope was passed through the urethra into the bladder. The urethra was normal.

Microdiskectomy Operative Transcription
Sample Report. DATE OF OPERATION:
MM/DD/YYYY. PREOPERATIVE
DIAGNOSES: 1. Left L5-S1 herniated

nucleus pulposus. 2. Morbid obesity. ...
Craniotomy Medical Transcription Sample
Report. Frontoparietal Craniotomy and Tumor
Resection Sample Report. Anterior Cervical

Diskectomy Transcription Sample Report.

Medical Transcription Neurosurgery Operative
Transcribed Sample Reports DATE OF

OPERATION: MM/DD/YYYY

**PREOPERATIVE DIAGNOSIS: Lumbar
stenosis and neurogenic claudication from L1**

...

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Pulmonary Medical Transcription Operative
Sample Report #1. OPERATIONS
PERFORMED: 1. Flexible bronchoscopy. 2.
Right muscle-sparing lateral thoracotomy with

complete decortication of the lung with drainage of right lower lobe lung abscess.
DESCRIPTION OF OPERATION: The patient was brought to the operative suite,

placed in the supine position.

Transcribed Medical Transcription Samples /
Reports For MT Reference. FINDINGS AND

PROCEDURE: Following informed consent, the patient was taken to the operating room and placed prone on the fluoroscopy stretcher. The entire back was prepped and

draped in sterile surgical fashion.

Acces PDF **Operative Report Samples In
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Medical Transcription Sample Reports For
Medical ... Clinical History:. This 62 year-old
black female had been worked up by medicine
for masses in the epigastrium. A liver scan

revealed multiple filling defects and an upper GI series revealed

FLUIDS: At the end of the procedure, 1500

mL crystalloid. FINDINGS: Exam under anesthesia was not performed. OPERATIVE FINDINGS: Approximately 8-week size uterus with normal tubes and ovaries

bilaterally. Normal-appearing cervix. Uterus had a small right lower segment approximately 3 cm submucosal fibroid. SPECIMEN: Sent to pathology. DESCRIPTION OF OPERATION:

The risks, benefits, ...

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Reports For MT Reference. DESCRIPTION
OF PROCEDURE: After the procedure was
explained to the patient with the merits and the
complications, he agreed and signed the

consent. After consent was obtained, with the patient in supine position, under monitored anesthesia care, the scope was introduced through the mouth and the larynx and the

laryngeal area ...

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DIAGNOSES: 1. Left L5-S1 herniated
nucleus pulposus. 2. Morbid obesity. ...
Craniotomy Medical Transcription Sample

Report. Frontoparietal Craniotomy and Tumor Resection Sample Report. Anterior Cervical Discectomy Transcription Sample Report.

Cardiology Medical Transcription Operative
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NOTE: This page has moved and can be found
at the following new address: Cardiology OP

Samples Comments

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Operative reports are the most complex dictations in medical transcription. The third member of the “Big Four,” operative reports give a blow-by-blow account of a surgical

procedure. Any time one human being cuts open another and starts tinkering with her insides, it's important to record precisely what

was done, down to the last detail. Certain [...]

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Fracture ORIF Operative Sample Report -
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Medical Transcription Samples ...

Jun 01, 2014 · March 12, 2010 Jack Thomas
M.D. #14, ST.Thomas Church Road, Cochin,
Kerala, India RE: John Issac . DOB:
11/08/1957 Dear Dr. Debobatra: Mr. John

Issac was admitted at 15:00 hours after having had an episode of weakness following a GI bleeding approximately three weeks earlier. He was seen by the ambulance people and was

in a rapid heartbeat, the exact nature of which we do not know ...

Operative Report Samples In Medical Transcription

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Reports For MT Reference. FINDINGS AND PROCEDURE: Following informed consent, the patient was taken to the operating room and placed prone on the fluoroscopy

stretcher. The entire back was prepped and draped in sterile surgical fashion.

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