

# VIRGINIAdermatology

& skin cancer center

## MOHS SURGERY CHECKLIST

- Be prepared to be with us in our office for at least 4 hours or more.
- Bring a lunch and beverage with you because of the length of time you will be with us.
- Bring reading materials.
- Take all of your medications as directed. Do not stop taking any medication unless directed specifically by your doctor that has prescribed it or by Dr. Johnson.
- Get a good night's sleep the night before your scheduled surgery.
- Eat a healthy breakfast before you arrive for surgery.
- Wear comfortable clothes, preferably a button up shirt (so that your shirt is easy to take off with out going over top of your face or the affected surgery site).
- Please shower morning of surgery.
- For females, please do not wear makeup or hairspray.
- Do not wear perfumes, aftershaves, cologne, or scented lotions.

## MOHS AFTER SURGERY CARE CHECKLIST

- Make sure you have Extra Strength Tylenol.
- For Elderly patients, we recommend that you have a friend or relative with you for the first night after surgery in case of complications. (\*i.e. Bleeding).
- If your wound is on the jaw, cheek, or lip, please have soft food available, such as soup, mashed potatoes, jello, cereal, or meats should be cut into small pieces.

Because we care about our patients' quality of care, we encourage you to call our office and ask to speak with the surgical staff, if you have questions.

(Norfolk) 757-455-5009

(Suffolk) 757-925-8360

(Newport News) 757-369-0469

(Harbour View) 757-967-0790

Do not hesitate. After business hours, please call 757-404--2758.

We appreciate your cooperation in adhering to this checklist. We also would like to thank you for choosing our practice for your dermatological care. High consistent quality of care is our goal.

Thank you,

Dr. Brian L. Johnson and Staff.

Brian L. Johnson, M.D.  
Fellow, American Academy of Dermatology  
Fellow, American Academy of Mohs Micrographic Surgery  
And Cutaneous Oncology

[www.virginiamohs.com](http://www.virginiamohs.com)

PATIENT NAME: \_\_\_\_\_

Surgery Appointment: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*Research, Education & Clinical Excellence*

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