



PATIENT NAME LABEL

Date: \_\_\_\_\_ 24-hr time: \_\_\_\_\_ Hosp.# \_\_\_\_\_

Attending: \_\_\_\_\_

Resident: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Return copies to Surgical Clinic

*Please complete or dictate in detail:*

History of present illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Medical/Surgical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Examination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Impression: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 24-hr time: \_\_\_\_\_

---

**Brief Procedure Note: *Please complete or dictate in detail:***

Procedure: \_\_\_\_\_ Date: \_\_\_\_\_ 24-hr time \_\_\_\_\_

Attending: \_\_\_\_\_ Assistant: \_\_\_\_\_

Medication(s) Administered: \_\_\_\_\_

Specimens: \_\_\_\_\_

Finding(s)/Description of Procedure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 24-hr time: \_\_\_\_\_