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Hospital's
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PROGRESS NOTES

Print NAME & SIGN all entries

PATIENT IDENTIFICATION

DATE	TIME	NOTES
		<p>I, Dr. _____ have informed my patient _____ that I recommend that he / she receive the following treatment _____</p> <p>_____ for the diagnosis of _____ .</p> <p>I have discussed the potential side effects, risks & benefits of the treatment / procedure with the patient and/or family / guardian.</p> <p>PHYSICIAN'S SIGNATURE: _____ DATE: _____</p>

PART OF THE MEDICAL RECORD