Your Hospital's Logo Here

PROGRESS NOTES

Print NAME & SIGN all entries

PATIENT IDENTIFICATION

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

PART OF THE MEDICAL RECORD