

ABBREVIATED MEDICAL RECORD			1. ADMISSION DATE <i>(YYYYMMDD)</i>
2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW			
3. PHYSICAL EXAMINATION <i>(Including pertinent positives and negatives)</i>			
4. IMPRESSION <i>(Enter admission note with plan on progress notes)</i>			
5. ADMITTING OFFICER			
a. SIGNATURE			b. DATE SIGNED <i>(YYYYMMDD)</i>
6. DISCHARGE NOTE <i>(Brief hospital course, diagnoses, procedures, condition on discharge, pertinent)</i>			7. DISCHARGE DATE <i>(YYYYMMDD)</i>
8. DISCHARGING OFFICER			
a. NAME <i>(Last, First, Middle Initial)</i>	b. GRADE	c. TITLE	d. SIGNATURE
9. PATIENT IDENTIFICATION <i>(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)</i>			10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:
			11. COPY PLACED IN OUTPATIENT RECORD <i>(X when done)</i>
			<input type="checkbox"/>