



PROGRESS NOTE

Date	Time	Location	Svr Provider	PT NO
PT NAME (L, F, M)				EXAM ROOM
PREFRD	SEX	DOB	AGE	MRN

VITALS/HEALTH HX

Height	Weight	BMI
Tobacco		
Flu Oct-Mar	Pneu >65	

POSM PROCEDURES & DME

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POSM IMAGING

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ACCT INFORMATION

MRN	Vt Ctgr
AM Ins \$	AMBal \$
MM Ins \$	MMBal \$
PCE \$	
Ins1	ID
Ins2	ID

PAYMENTS

CP/CI:	AMPrv Bal:
Inj:	MM Prv Bal:
SX:	DME:
FRMS:	OTHER:

CURRENT PROBLEM & MEDICAL HISTORY

Established Patient Follow Up

REASON	
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LV	Time Elapsed Since	Year(s)	Moth(s)	Day(s)
DOI	Time Elapsed Since	Year(s)	Moth(s)	Day(s)
SX	Time Elapsed Since	Year(s)	Moth(s)	Day(s)
GP	CPT			

Misc:

EXAM IMPRESSION & DIAGNOSIS

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OUT GOING ORDERS/TREATMENT PLAN

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F/U:	PWC	WWC	AT	PRN	DY	WK	MO	YR
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REQUESTED F/U APPOINTMENT(S)

DATE:	TIME:	LCTN:
DATE:	TIME:	LCTN: