

Medical Record Summary

Patient Information				
First Name	Last Name	Date of Birth	Gender	Patient Identifier

Medical Records Summary Information		
Summary of Patient's Medical Records from _____ to _____		
Completed By	Signature <i>LR</i>	Completed Date

Chronological Medical Records Summary (Page 1 of __)

Date/Time	Reference/Page No.	Provider	Encounter Summary

Patient Information

First Name	Last Name	Date of Birth	Patient Identifier
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Chronological Medical Records Summary (Page __ of __)

Date/Time	Reference/Page No.	Provider	Encounter Summary