

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