

MEDICAL RECORD**ABBREVIATED MEDICAL RECORD**PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*Age: _____ -year-old male femaleMarital status: Married Single

Number of children: _____

Past medical history:

Past surgical history:

Medications:

Allergies:

Tobacco:

ETOH:

PHYSICAL EXAMINATION

General:

Cardiopulmonary exam:

Abdomen:

Exogenitalia:

PROGRESS *(Enter date of discharge and final diagnosis)*

Date: _____

Procedure note:

Procedure:

Surgeon: _____ Assistant: _____

Anesthesia: _____ EBL: _____

Complications:

To PACU in stable condition.

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION <i>(For typed or written entries give Name last, first, middle; grade,date; hospital or medical facility)</i>			WARD NO.
			REGISTER NO.

**ABBREVIATED MEDICAL RECORD
Standard Form 539**GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
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