

# Medical-Surgical Outpatient Progress Note

Patient Name:

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MRN/ID:

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Date of Visit:

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**CHIEF COMPLAINT**

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**HISTORY OF PRESENT ILLNESS**

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**PAST MEDICAL & SURGICAL HISTORY**

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**MEDICATIONS**

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**ALLERGIES**

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**REVIEW OF SYSTEMS**

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**PHYSICAL EXAMINATION**

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**ASSESSMENT**

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**PLAN**

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Provider Name:

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Date/Time:

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