

# Office Visit Summary & Instructions

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

## Key Points of Visit:

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## New or Changed Medications:

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## Care Instructions:

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Call Office Immediately For: \_\_\_\_\_

## Tests to be Performed:

None: \_\_\_\_\_

Lab Work: \_\_\_\_\_

Radiology Tests: \_\_\_\_\_

Other: \_\_\_\_\_

## Consultation Required:

Specialty: \_\_\_\_\_

Within: \_\_\_\_\_ days/weeks/months (circle one).

Follow-up after test or consultation is completed if you do not hear from us with results within: \_\_\_\_\_ days/weeks/months (circle one)

## Handouts Given – List:

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## Schedule follow-up appointment in:

\_\_\_\_\_ days/weeks/months (circle one)