

Assessment:

Plan:

Discharge planning:

Name: _____ **Date** _____ **Time** _____

Resident Name _____ PIC blue 1449 / gold 1462 / green 1504 / orange 1247

ATTENDING NOTE:

*I have personally interviewed and examined the patient. I have reviewed Dr. _____'s
(house officer) history, physical exam, assessment and management plans.*

I concur with all elements of house officer's note.

I have the following revisions and/or additions to the house officer's note:

Name: _____ **Date** _____ **Time** _____ **PIC #** _____