

## GYNECOLOGY PATIENT VISIT SUMMARY

Dear Doctor \_\_\_\_\_,

I saw your primary care patient, \_\_\_\_\_, for a gynecological exam on \_\_\_\_\_.

No abnormalities were noted on breast, pelvic, or rectal examinations.

Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_

Pap smear was done  Results WNL  Pap smear not done

Contraceptive method:  OCs  Depo  Other Methods

Pregnancy test done:  Positive Result  Negative Result

Mammogram request given  Mammogram request was not given to patient

Estrogen replacement prescribed: \_\_\_\_\_

Other medications prescribed: \_\_\_\_\_

The patient was told that:

The following abnormalities were noted:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

No treatment is needed at this time.

The following would be necessary:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Patient is to return for her next visit in: \_\_\_\_\_ 1 Year \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

Gynecologist \_\_\_\_\_