

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

_____ Mammogram request was given _____ Mammogram request was not given to patient

_____ Contraceptive method prescribed: _____ OCs _____ Depo _____ Other Methods

_____ Pregnancy test done _____ Positive Result _____ Negative Result

_____ 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 _____