

Medical Consultant Report and Summary

Case No:

Physician:

Date:

Medical Consultant:

Patient Initials/DOB:

1. Detailed (Chronological) Analysis:

2. Proposed Standard(s) of Care:

3. Deviation from the Standard of Care:

4. Actual Harm Identified:

5. Potential Harm Identified:

6. Aggravating Factor(s):

7. Mitigating Factor(s):

8. Consultant's Summary:

9. Records Reviewed:

Print Name

Date

Signature