

Medical Consultant Report and Summary

Case No: MD-xx-xxxx

Physician:

Date:

Medical Consultant:

Medical Consultant Specialty:

Patient Initials/DOB:

1. Detailed (Chronological) Analysis:

2. Proposed Standard(s) of Care:

3. Deviation from the Standard of Care:

Please use one of the following options when completing this point:

There is no deviation from the Standard of Care.

or

The deviation(s) from the Standard of Care is...

4. Actual Harm Identified:

5. Potential Harm Identified:

6. Aggravating Factor(s):

7. Mitigating Factor(s):

8. **Consultant's Summary:**

Remember to clearly state whether there are any deviation(s) that fell below the standard of care in this summary.

9. **Detailed List of Records Reviewed:**

Print Name

Date

Signature