

## Medical Consultant Report and Summary

Case No: PA-xx-xxxx

Physician Assistant:

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