

Medical Report Template

Administrative Details

Patient Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Sex/Gender:	<input type="text"/>
Claim Number:	<input type="text"/>		
Request Date:	<input type="text"/>	Received From:	<input type="text"/>

General Practitioner Credentials

Practice Name:	<input type="text"/>		
GP Name:	<input type="text"/>	GP Credentials:	<input type="text"/>

This report has been prepared by [Enter GP Name], an [Enter GP Credentials] with [Enter Years of Experience] in general practice. I have been treating [Enter Patient Name] since [Enter Start Date of Treatment], and I am their usual GP.

Purpose and Scope

This report has been prepared at the request of [Enter Insurance Provider Name] to provide medical information regarding [Enter Patient Name]'s [Enter Condition]. The report is based on medical records and includes details of the patient's condition, treatment, investigations, and referrals. There may be some gaps in the medical record where relevant.

Subjective Findings

Demographic and Contextual Factors

How To Write Medical Report

**Vicent Montalt-Resurrecció, Isabel
García-Izquierdo, Ana Muñoz-Miquel**

How To Write Medical Report:

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