

# CLINICAL NOTES

Medical Record Documentation

## Patient Information

Patient Name:	■■■■■■■■ ■■■■■■■■
Date of Birth:	XX/XX/XXXX
MRN:	XXXXXX
Date of Service:	[Current Date]

## Chief Complaint

Patient presents for evaluation and imaging authorization assessment.

## History of Present Illness

Patient reports relevant symptoms requiring advanced imaging for proper diagnosis and treatment planning. Clinical history supports medical necessity for the requested procedure.

## Assessment and Plan

Clinical assessment supports medical necessity for requested imaging. Prior authorization documentation prepared and clinical criteria met.

*Placeholder document for demonstration purposes - Replace with actual clinical documentation*