

# MEDICAL PROGRESS TEMPLATE

**PATIENT NAME**

Jane Smith

**DATE OF BIRTH**

1990-11-22

**PATIENT ID**

654321

## MEDICAL ISSUE

## Post-surgery recovery

**NEXT APPOINTMENT DATE**

2025-03-20

### SEVERITY OF CONDITION

SEVERE

**PHYSICIAN SIGNATURE**

Dr. Johnson

## PATIENT PROGRESS

[illegible]