**MEDICAL RECORD REVIEW**

|  |  |
| --- | --- |
| TO: |  |
| FROM: |  |
| DATE: |  |
| TRACK 1 DISEASE: |  |
| PLAINTIFF: |  |

# Summary of Medical History

|  |  |
| --- | --- |
| Description | Details |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Qualifying Diagnosis

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Dx Reference | Treatment | Tx Reference |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Chronological Medical Record Review

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Medical Provider/ Medical Facility | Summary | Bates # |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Record Index

|  |  |  |
| --- | --- | --- |
| Medical Facility | Bates Range | Date Range |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

[Please index all documents you have reviewed before completing the report. Index should include medical records, VA benefit records, transcripts etc.]