**MEDICAL RECORD REVIEW**

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

# Summary of Medical History

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| Description | Details |
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# Chronological Medical Record Review

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| Date | Medical Provider/ Medical Facility | Summary | Bates # |
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# Record Index

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