

HPIP Medical Transcription Form

All Margins: 1"
Patient Name Line: 2.5" from top
Second Page Text begins: 1" from top

Patient Name: PCP: *(Right align Preferred Care Provider)*
Date of Birth: mm/dd/yyyy
Date of Exam: mm/dd/yyyy Sex: *(Right align gender)*

(DS)

HISTORY OF PRESENT ILLNESS: The patient is a 14-year-old female who fell from a horse on July 1, 20___. She suffered a fracture of the right inferior pubic ramus.

(DS)

MEDICATIONS: 2 Advil every two hours as needed for pain and multivitamins with iron.

(DS)

PHYSICAL EXAMINATION: Blood pressure 150/84, pulse 76 with an occasional irregular beat. Exam is otherwise negative.

(DS)

IMPRESSION: Nondisplaced fracture, right pubic ramus. Intense swelling. Severe lower leg pain. Hypertension.

(DS)

PLAN: The patient can discontinue crutches when swelling has decreased and there is no longer a limp associated with pain.

(QS from last line of report to signature line.)

Gene Loghlin, M.D.

(DS)

GL:xx

D: mm/dd/yyyy *(key date of dictation)*

T: mm/dd/yyyy *(key date of recorded transcription)*

HPIP – Second and Subsequent Pages

Top Margin: 1"

At top left:

Patient Name:

Doctor's Name:

Exam Date:

Page 2 *(at top left margin, key the word Page followed by the page number)*

Spacing for paragraphs as shown above.

Spacing from heading to body of report: DS