HARDIN COUNTY GENERAL HOSPITAL
Rosiclare, IL 62982

OUTPATIENT PROCEDURE FOLLOW-UP REPORT

Department Reporting

□ Radiology	□ Ultrasound	□ Physical Therapy	□ Occupational Therapy
□ Surgical Consult	□ Stress Testing	□ ER Outpatient	□ Nursing Outpatient
□ Education Nurse	□ Dietician	□ Respiratory Therapy	□ Lab
□ Social Services	□ Other: _____		

Date Reported: _____

Attending Provider: □ Sunga □ Chatto □ Bose □ Birch □ Atkinson □ DeNeal

Patient Name: _____ Birthdate: _____

Procedure ordered: _____ Date: _____

PROCEDURE NOT PERFORMED BECAUSE

☐ **Was unable to contact patient** ☐ **Patient refused procedure** ☐ **Patient did not show up**

☐ **Patient cancelled** ☐ **Other: _____**

_____

Procedure rescheduled on: Date: _____ Time: _____

☐ **Unable to contact patient to reschedule**

Signature of person filling out this form: _____

Please make a copy of this form for your records and

send the original to the appropriate provider.

3/08