

**This form is a sample template that can be used to promote communication between the OB/GYN provider and Primary Care Physician.

Obstetrics/Gynecology Examination Report

Dear Dr. _____:

Your patient _____ Date of birth ___/___/___ was seen ___/___/___

The following were included in my examination:

Breast _____

Pelvic _____

*Pap Smear _____

*Chlamydia Screening _____

Rectal Occult Blood _____

Other _____

The following tests were ordered:

*Mammogram _____

*Bone Mineral Density _____

Other _____

***Your office has been cc'd on any tests results.**

Prescriptions Ordered: _____

Comments: _____

Signed,

_____ Date ___/___/___