

Medical Case Report

Case Ref: [Generated reference]

Illustrative structure for Hospital medical second opinion reports.

1. Case General Information

Case Reference No.	Submitted At
[Generated reference]	[Case submission date and time]
Assigned Specialist	Specialty
[Specialist name]	[Specialty]
Sub-specialty	Service
[Relevant sub-specialty]	[Selected second opinion service]

2. Patient Details

Full Name	Email Address
[Patient name]	[Email address]
Date of Birth	Phone Number
[Date of birth]	[Contact number, if provided]
Biological Sex	Country
[If provided]	[Country]
Home Address	
[Address, if provided]	

3. Medical Case Details

Case Title [Case title supplied by the patient]

Case Description

[The patient's description of their concerns, medical history, existing findings and reason for requesting an independent opinion. There is no preset text-length limit for the case description.]

Medical Questions Submitted by Patient (if provided)

Up to five optional question boxes. More detail may be provided in the unrestricted case description.

#	Optional patient question
1	[Question 1, if entered]
2	[Question 2, if entered]
3	[Question 3, if entered]
4	[Question 4, if entered]
5	[Question 5, if entered]

Supporting Information & Specialist Findings

Supporting Documents Submitted by Patient

No fixed limit on the number of uploaded files. This list expands across pages when necessary.

File name / imaging study	Size	Uploaded
[Medical images / DICOM archive]	[Size]	[Date and time]
[Previous report / supporting document]	[Size]	[Date and time]
[Additional submitted document, if any]	[Size]	[Date and time]

4. Report Metadata

Report Submitted At [Date and time]	PDF Generated At [Date and time]
Reporting Specialist [Specialist name]	Report Status [Completed / addended, if applicable]

5. Medical Report

Specialist Findings

[The reporting specialist documents the independent assessment of the medical images, pathology materials and/or other clinical records provided, as relevant to the selected service.]

Interpretation & Clinical Context (where applicable)

[Explanation of the findings and their significance, including relevant uncertainties or limitations when appropriate.]

Summary / Recommendations (where applicable)

[Key observations and information that the patient can discuss with their treating clinician. Any comments depend on the individual clinical case.]

Questions, Attachments & Report Completion

Doctor Answers to Patient Questions (if submitted)

Only questions actually submitted by the patient appear in completed reports.

Patient question	Specialist answer
[Question 1, if supplied]	[Answer to question 1, if applicable]
[Question 2, if supplied]	[Answer to question 2, if applicable]
[Question 3, if supplied]	[Answer to question 3, if applicable]
[Question 4, if supplied]	[Answer to question 4, if applicable]
[Question 5, if supplied]	[Answer to question 5, if applicable]

Documents Submitted by Reporting Specialist (if any)

Document name	Size	Uploaded
[Supporting annotation or image, if supplied]	[Size]	[Date and time]
[Additional specialist attachment, if supplied]	[Size]	[Date and time]

6. Addendums (if applicable)

[If the specialist adds a subsequent clarification, it is presented here with its submission date and any supporting documents. The addendum section is omitted entirely when none has been issued.]

Important: This is an illustrative blank template, not a medical opinion. The content, sections and number of pages in a completed report depend on the case and specialist. Medical opinions support, but do not replace, follow-up with the treating clinician.

[Reporting specialist]

[Specialty / report date]

Hospital Limited

[Report reference / PDF date]

END OF SAMPLE TEMPLATE