

**DEPARTING RESIDENT CHECKLIST FOR MEDICAL RECORDS**  
*(To be completed no earlier than 3 days prior to departure)*

**RESIDENT NAME:** \_\_\_\_\_ **Doctor ID:** \_\_\_\_\_

**Please check that you have completed all of the following:**

Noteslink documents: checked and completed on: \_\_\_\_\_ (date)

Dictations Needed: checked and completed on: \_\_\_\_\_ (date)

Paper chartwork: checked and completed on: \_\_\_\_\_ (date)

CareCast Orders checked and completed on: \_\_\_\_\_ (date)

Last date on service: \_\_\_\_\_

Forwarding information for contact (*in case of last-minute dictations or signatures*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please take this form to Medical Records for verification prior to your departure. This indicates that you have completed your available chartwork.

Verified by Medical Records Supervisor or Assistant Director:

\_\_\_\_\_ Date: \_\_\_\_\_