

PACES Case Submission

DO NOT INCLUDE ANY IDENTIFIERS OR PROTECTED HEALTH INFORMATION ON YOUR CASE SUBMISSION

Hospital/Location:

Presenting Clinician Name:

History of Present Illness:

Patient Medical History:

Vital Signs:

Physical Exam:

Pertinent Laboratory Results and/or Imaging:

Medications/Interventions:

Case Progression:

Questions Regarding the Case:

Any Additional Information:

