

Discharge Instructions

Date: **[Date]**

Patient Name: **[Patient's Name]**

Visit Reason: **[Reason for Visit]**

Instructions

- Follow up with your primary care physician within [time frame].
- If symptoms worsen or do not improve within [time frame], seek medical attention.
- Take prescribed medications as directed. Do not skip doses.
- Keep the affected area clean and dry. Change dressings as needed.
- Avoid strenuous activities for [time frame].

Symptoms to Watch For

- Increased pain or swelling
- Fever above [temperature]
- Uncontrolled bleeding
- Any other unusual symptoms

Contact Information

If you have any questions or concerns, please contact us at:

Urgent Care Center: **[Phone Number]**

Address: **[Address]**

Thank you for choosing [Urgent Care Center Name]. We wish you a speedy recovery!