

Hospital Discharge Summary

Patient Name: [Patient's Name]

Patient ID: [Patient's ID]

Date of Admission: [Admission Date]

Date of Discharge: [Discharge Date]

Admitting Physician: [Physician's Name]

Reason for Admission

[Brief description of the reason for admission]

Hospital Course

[Summary of the patient's hospital course, including any significant findings and treatments]

Discharge Medications

- [Medication Name - Dosage - Frequency]
- [Medication Name - Dosage - Frequency]
- [Medication Name - Dosage - Frequency]

Rehabilitation Services Plan

[Details of the recommended rehabilitation services]

Follow-up Appointments

[Instructions for follow-up appointments and necessary referrals]

Patient Instructions

[Summary of discharge instructions and self-care recommendations]

Contact Information

If you have any questions, please contact:

[Hospital Name]

Phone: [Hospital Phone Number]

Email: [Hospital Email Address]

Physician Signature: _____

Date: _____