

# Pediatric Patient Discharge Summary

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

**Date of Birth:** [Patient's DOB]

**MRN:** [Medical Record Number]

**Date of Admission:** [Admission Date]

**Date of Discharge:** [Discharge Date]

## Diagnosis

[Primary Diagnosis]

[Secondary Diagnosis]

## Summary of Hospital Stay

[Brief description of the patient's condition upon admission, treatment provided, and response to treatment]

## Medications at Discharge

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

## Follow-up Care

[Instructions for follow-up appointments, referrals to specialists, and home care instructions]

## Provider Information

**Discharging Physician:** [Physician's Name]

**Contact Information:** [Phone Number]

## Parent/Guardian Acknowledgment

I, [Parent/Guardian Name], acknowledge that I have received the discharge instructions.

**Signature:** \_\_\_\_\_

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