

PHYSICIAN DISCHARGE SUMMARY

Admission date: _____

Discharge date: _____

PROVISIONAL DIAGNOSIS:

FINAL DIAGNOSIS:

BRIEF HISTORY:

PERTINENT PHYSICAL AND LABORATORY FINDINGS:

COURSE OF TREATMENT:

CONDITION ON DISCHARGE:

REHABILITATION POTENTIAL:

FOLLOW-UP AND DISCHARGE MEDICATION INSTRUCTIONS:

Physician Signature: _____ Date: _____

NAME—Last

First

Middle

Attending Physician

Record No.

Room/Bed