Discharge Summary

Hospital logo	Hospital Address & Contact No

Patient Label

Patient Name: _____ IP No.: _____
UHID No. _____ Age:
Sex: ☐ Male ☐ Female
Date of Admission: _____
Date of Discharge: _____
Consultant Name:

Final

Diagnosis:

Admission Complaints:

Hospital Course of Treatment Details:

(Any procedure performed, medication administration, any other treatment given, etc.)

Implants Used:

Investigations:

Condition on Discharge:

Vitals: Pulse- , Resp- , Temp- , BP- , SpO_2

Discharge Medications:

Discharge Instructions:

Follow up Date:

Contact Hospital Emergency at XXXXX in case you have:

Medical Officer: **Consultant:**

Disclaimer

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