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Transfer Summary

Name of Patient: _____		Age/Sex: _____		Reg. No. _____	
IP. No. _____		MLC. No. _____		DOA: _____	
DOD: _____					
Address: _____					

TRANSFER SUMMARY

Room/ Bed No.

.....

Private TPA/Panel

.....

Name of Patient:		Age/Sex:	
Reg. No.	IP No.	MLC No.	
DOA:	DOD:		
Address:			
Consultant In charge: Dr.			
Final Diagnosis:			

REASON FOR ADMISSION & SUMMARY OF SIGNIFICANT FINDINGS:

CLINICAL FINDINGS ON EXAMINATION:

COURSE OF STAY IN HOSPITAL:

IMPORTANT SPECIAL & IMAGING INVESTIGATIONS:

**DETAILS OF CONSERVATIVE/SURGICAL TREATMENT GIVEN with
OPERATIVE FINDINGS:**

**CONDITION ON DISCHARGE WITH IDENTIFICATION OF SPECIAL
NEEDS & FOLLOW UP ADVICE:**

Room/Bed No. _____

Private/TPA/Panel _____

TRANSFER SUMMARY

MEDICATION	MORNING	AFTER NOON	EVENING	NIGHT	NO. OF DAYS	SPECIAL INSTRUCTIONS

Preventive Aspects if any _____

**In case of following sign & symptoms _____ please
contact hospital emergency service (24hrs) @ XXXX-XXXX:**

Sign. of Consultant in Charge _____ Sign. SR/MO _____

I/We have gone through the contents of the discharge summary and it has been explained to me/ us in a language understandable to me/us.

Signature of Patient/ Patient Attendant _____

Name of Patient/ Patient Attendant _____

NOTE: THIS IS AN IMPORTANT DOCUMENT, PLEASE KEEP THIS FOR FURTHER REFERENCE AND BRING ON YOUR NEXT VISIT.

Disclaimer

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