

Discharge Summary

Facility: _____

Patient Name: _____ DOB: _____ Date/Time: _____

Date of Admission: _____ Date of Discharge: _____

Discharge Diagnosis:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Procedures & Therapies: _____

Complications: _____

Consultations: _____

Pertinent History: _____

Lab: _____

Condition on Discharge: _____

Disposition: _____

Discharged to: _____

Diet: _____

Activity: _____

DME: _____

Home Health Services: _____

Lab: _____

F/U apts.: _____

Meds:

Stop: _____

Modify: _____

New Rx: _____

Name: _____ Fax to: _____

Charge: __99315 __99316