

**Date:** [Insert Date]

**Recipient:** [Insert Primary Care Physician Name]

**Clinic/Facility:** [Insert Clinic Name]

**Address:** [Insert Address]

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## **PATIENT INFORMATION**

**Patient Name:** [Insert Full Name]

**Date of Birth:** [Insert DOB]

**Patient ID/MRN:** [Insert ID Number]

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

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

## **CLINICAL DETAILS**

**Reason for Admission/Chief Complaint:**

[Insert brief description]

**Primary Diagnosis:**

[Insert diagnosis name and ICD code if applicable]

**Secondary Diagnoses:**

[Insert list of comorbidities or secondary issues]

**Summary of Hospital Course:**

[Insert summary of treatments, procedures, and clinical progress]

## **DISCHARGE MEDICATIONS**

[Insert list of medications: Name, Dosage, Frequency, and Duration]

- [Medication 1] - [Note if New, Changed, or Continued]
- [Medication 2]

## **FOLLOW-UP PLAN**

**Scheduled Appointments:** [Insert Date/Time and Provider]

**Pending Test Results:** [Insert any outstanding labs/imaging]

**Activity Restrictions:** [Insert physical limitations or diet instructions]

## **DISCHARGE INSTRUCTIONS**

**When to Seek Urgent Care:** [Insert warning signs/symptoms]

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**Attending Physician:** [Insert Name/Title]

**Contact Information:** [Insert Phone Number]

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