

## **PEDIATRIC DISCHARGE SUMMARY LETTER**

Date: [Date]

To: [Primary Care Physician Name]

Address: [Clinic/Practice Name]

Phone: [Phone Number]

### **Patient Information:**

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Parent/Guardian: [Name]

Date of Admission: [Date]

Date of Discharge: [Date]

### **Clinical Summary:**

Admission Diagnosis: [Diagnosis]

Discharge Diagnosis: [Diagnosis]

Reason for Hospitalization: [Brief Description of Symptoms/Illness]

### **Hospital Course & Treatment:**

[Summary of tests, procedures, and response to treatment]

### **Discharge Medications:**

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

### **Follow-Up Care Instructions:**

- Follow-up appointment with [Doctor/Specialist] on [Date/Time].
- Activity restrictions: [e.g., No sports for 1 week / Full activity].
- Dietary requirements: [e.g., Increased fluids / Regular diet].

### **Warning Signs (Contact Doctor If):**

[List specific red flags such as high fever, respiratory distress, or dehydration signs].

Sincerely,

[Attending Physician Name]

[Title/Department]

[Facility Name]

[Contact Information]