

Date: [Current Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Visit: [Visit Date]

URGENT CARE DISCHARGE SUMMARY: PENDING DIAGNOSTICS

To the Patient / Primary Care Provider:

This patient was seen today at [Clinic Name] for [Reason for Visit]. At the time of discharge, the following diagnostic tests are still **PENDING**:

- [Test Name 1, e.g., Throat Culture]
- [Test Name 2, e.g., Urine Culture]
- [Test Name 3, e.g., Radiology Over-read]

Next Steps for Patient:

- The results are expected within [24-72] hours.
- [Clinic Name] will contact you via [Phone/Patient Portal] only if the results require a change in your current treatment plan.
- If you have not heard from us within [Number] business days, please call our office at [Phone Number].

Current Treatment Plan:

[Insert medications prescribed or home care instructions here].

Red Flags / When to Seek Emergency Care:

Please go to the nearest Emergency Room or call 911 immediately if you experience:

- Difficulty breathing or chest pain.
- Worsening pain not controlled by medication.
- High fever that will not come down.
- Confusion or sudden weakness.

Follow-Up:

Please follow up with your Primary Care Physician, [Doctor Name], within [Number] days.

Provider Name: [Provider Name, Title]

Facility: [Clinic Name]

Contact Info: [Clinic Phone Number]