

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [Medical Record Number]

Admission Date: [Admission Date]

Discharge Date: [Discharge Date]

1. CLINICAL SUMMARY

Diagnosis: [Name of Defect, e.g., Atrial Septal Defect (ASD), Ventricular Septal Defect (VSD), Patent Foramen Ovale (PFO)]

Procedure: [Name of Procedure, e.g., Transcatheter Closure, Surgical Repair]

Procedure Date: [Date of Surgery/Intervention]

Hospital Course: [Brief summary of recovery and stability].

2. MEDICATIONS

The patient should take the following medications:

- [Medication Name] - [Dosage] - [Frequency] - [Duration/Notes]
- [Medication Name] - [Dosage] - [Frequency] - [Duration/Notes]

3. ACTIVITY RESTRICTIONS

- **Physical Activity:** [e.g., No heavy lifting over 10 lbs for 4 weeks].
- **Exercise:** [e.g., Walking is encouraged; avoid contact sports until cleared].
- **Driving:** [e.g., Do not drive for X days or while taking narcotic pain medication].

4. WOUND CARE

Incision Site: [e.g., Groin access site or Chest incision]

Instructions: [e.g., Keep the area clean and dry. Do not apply lotions. Do not submerge in water/baths for 1 week].

5. FOLLOW-UP APPOINTMENTS

- **Cardiology:** [Doctor Name] on [Date/Time] at [Location].
- **Imaging:** [e.g., Follow-up Echocardiogram scheduled for Date].

6. WHEN TO SEEK MEDICAL ATTENTION

Contact your doctor or go to the nearest Emergency Room if you experience:

- Fever over 101F (38.3C) or chills.
- Redness, swelling, or drainage at the incision site.
- Shortness of breath or sudden chest pain.
- Fainting or severe dizziness.
- Irregular heartbeat or palpitations.

Discharging Physician: [Physician Name]

Contact Number: [Department Phone Number]