Hospital Name: [Insert Name]

Oncology Department

Date: [Insert Date]

Patient Name: [Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Admission Date: [Date]

Discharge Date: [Date]

---

1. Clinical Diagnosis

[Primary Diagnosis and Staging]

2. Treatment Summary

Surgical Procedures: [Details of surgeries performed]

Chemotherapy/Immunotherapy: [Agents, dosage, and cycles completed]

Radiation Therapy: [Dosage, fractions, and site]

3. Hospital Course and Complications

[Brief summary of the patient's progress and any adverse events]

4. Discharge Status and Physical Exam

[Condition at time of discharge]

5. Medications

- **Prescribed Meds:** [Name, Dose, Frequency, Duration]
- **Pain Management:** [Specific instructions for analgesics]

6. Follow-up Care Plan

Next Appointment: [Date/Time with Dr. Name]

Surveillance Imaging: [Scheduled CT/MRI/PET scans]

Laboratory Tests: [Required blood work and frequency]

7. Red Flags (When to Contact the Clinic)

- Fever above 100.4F (38C)
- Uncontrolled nausea or vomiting
- Shortness of breath or chest pain
- Significant bleeding or bruising
- Signs of infection at the incision site

Attending Oncologist: [Name/Signature]

Contact Number: [Phone Number]

Emergency Contact: [After-hours Number]