

**Date:** [Insert Date]

**Recipient Name:** [Referring Physician Name]

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

**Address:** [Street Address, City, State, Zip]

---

**RE: Patient Discharge Summary**

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

**Date of Birth:** [DOB]

**Patient ID:** [ID Number]

**Date of Procedure:** [Date]

**Date of Discharge:** [Date]

**Procedure Performed:** [Specific Name of Advanced Surgical Intervention]

**Clinical Indication:**

[Brief description of the diagnosis and reason for the surgical intervention.]

**Operative Summary:**

[Brief overview of the procedure findings and any hardware/prosthetics implanted.]

**Post-Operative Course:**

[Summary of recovery in hospital, stability of vital signs, and wound status.]

**Discharge Medications:**

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

**Post-Operative Instructions & Limitations:**

[Activity restrictions, weight-bearing status, wound care instructions.]

**Follow-Up Plan:**

- **Surgical Follow-up:** [Date/Time] with [Surgeon Name].
- **Rehabilitation:** [Details regarding Physical Therapy or Occupational Therapy].
- **Primary Care:** Patient advised to see you in [Number] days for routine monitoring.

**Urgent Contact Criteria:**

The patient has been instructed to contact the surgical team or seek emergency care if they experience fever over 101F, excessive redness/drainage at the site, or sudden shortness of breath.

Thank you for the referral of this patient. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Signature]

**[Attending Surgeon Name, MD/DO]**

[Department of Surgery]

[Hospital Name]