

Date: [Date]

To: [Primary Care Physician Name]

Facility: [Clinic/Practice Name]

RE: Emergency Department Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Visit: [Visit Date]

Medical Record Number: [MRN]

Chief Complaint:

[Reason for ED visit]

Diagnosis:

1. [Primary Diagnosis]
2. [Secondary Diagnosis]

Summary of Care:

[Brief description of history, physical exam findings, and ED course]

Diagnostic Results:

[Key Lab, X-ray, CT, or EKG results]

Treatments Administered:

[Medications or procedures performed in the ED]

Discharge Medications:

[List new medications, changes, or prescriptions provided]

Follow-up Instructions:

[Specific timeframe and actions required by the patient or PCP]

Provider Name: [Attending Physician/PA/NP Name]

Hospital Name: [Emergency Department Name]

Contact Number: [Phone Number]