

Date: [Date of Discharge]

To: [Primary Care Physician Name/Clinic]

From: [Attending Physician Name], Emergency Department

Facility: [Hospital Name]

Patient Information

Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [Medical Record Number]

Encounter Summary

Date of Presentation: [Date]

Chief Complaint: [Reason for Visit]

Primary Diagnosis: [Discharge Diagnosis]

Secondary Diagnosis: [Additional Findings]

Clinical Brief

History & Physical: [Summary of presentation and key physical exam findings]

Investigations: [Key Lab results, Imaging reports, and ECG findings]

Treatment Provided: [Medications administered, procedures, or interventions in the ED]

Medications and Treatment Plan

New Medications: [Drug Name, Dosage, Frequency, Duration]

Discontinued Medications: [List medications stopped]

Follow-Up Instructions

Required Action: [e.g., Repeat blood work, wound review, specialist referral]

Urgency: [e.g., Within 48 hours / 1 week]

Safety Netting: The patient has been advised to return to the ED if they experience: [List red flag symptoms].

Electronically signed by,

[Physician Name/Credentials]

[Contact Phone Number]