

Date: [Date of Discharge]

TO: [Primary Care Physician Name]

FROM: [Emergency Department Doctor Name]

FACILITY: [Hospital Name]

RE: Patient Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Visit: [Visit Date]

Chief Complaint:

[Brief description of why the patient came to the ER]

ED Assessment & Diagnosis:

- Primary Diagnosis: [Diagnosis]
- Secondary Diagnosis: [Diagnosis]

Diagnostic Results:

Labs: [Significant lab findings or "Normal"]

Imaging: [Results of X-ray, CT, MRI, or Ultrasound]

Treatments Administered:

[List of medications given or procedures performed in the ED]

Medication Changes:

New Medications: [List new prescriptions]

Discontinued Medications: [List stopped medications]

Follow-Up Requirements:

The patient has been instructed to follow up with your office within [Number] days for: [Reason for follow-up].

Discharge Status:

[Stable/Improved/Pending further outpatient testing]

Sincerely,

[Doctor Signature]

[Contact Phone Number]