

Date: [Date of Discharge]

To: [PCP Name / Practice Name]

From: [Attending Physician Name], Emergency Department

Facility: [Hospital Name]

Patient Information

Name: [Patient Full Name]

DOB: [Date of Birth]

MRN: [Medical Record Number]

Visit Overview

Date of Visit: [Arrival Date] to [Discharge Date]

Chief Complaint: [Primary Reason for Visit]

Final Diagnosis: [Primary Diagnosis and Secondary Diagnoses]

Clinical Summary

History of Present Illness:

[Brief summary of symptoms and duration]

ED Evaluation & Hospital Course:

[Summary of physical exam findings, interventions, and response to treatment]

Diagnostic Results

- **Labs:** [Pertinent results: CBC, BMP, Troponin, etc.]
- **Imaging:** [Results of X-ray, CT, MRI, or Ultrasound]
- **Pending Results:** [Any tests with results still outstanding]

Medications

Medications Administered in ED: [List medications and dosages]

New Prescriptions: [List name, dose, frequency, and duration]

Discontinued/Changed Medications: [List any changes to home meds]

Follow-Up Instructions

Recommended Follow-up: [PCP/Specialist Name] within [Number] days.
Reason for Follow-up: [e.g., Wound check, repeat labs, symptom review]

Discharge Status & Plan

Patient Condition at Discharge: [Stable/Improved]

Precautions: [Specific red flags or "Return to ED" criteria provided to patient]

Physician Signature: _____

Contact Number: [ED Direct Line/Transfer Center]