

Post-Surgical Discharge Summary

Orthopedic Patient

Patient Name: _____

Hospital Number / ID: _____

Date of Birth: _____

Date of Admission: _____

Date of Surgery: _____

Date of Discharge: _____

Consultant / Surgeon: _____

Procedure Performed: _____

Diagnosis

Summary of Hospital Stay

Surgical Findings & Procedure

Postoperative Course

Medications on Discharge

- Medication Name " Dose " Frequency " Duration
- _____

Wound / Incision Care Instructions

Physical Activity & Restrictions

Follow-Up Appointment

Date: _____

Clinic / Department: _____

Other Instructions & Notes

Prepared By: _____

Position: _____

Date: _____