

# 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**

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## **Follow-Up Appointment**

Date: \_\_\_\_\_

Clinic / Department: \_\_\_\_\_

## **Other Instructions & Notes**

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Prepared By: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_