

# Pediatric Inpatient Discharge Summary

## Patient Information

Patient Name:

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Hospital Number:

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Date of Admission:

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Date of Discharge:

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Age/Sex:

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Ward/Bed No.:

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Address:

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## Diagnosis

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## Summary of Hospital Stay

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## Presenting Complaints

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## Examination Findings

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## Course in Hospital

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## Investigations

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## Treatment Given

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## Condition at Discharge

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## Instructions & Follow-Up

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Consultant/Physician Name & Signature:

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Date:

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