

Post-Surgical Discharge Summary

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Date of Admission: _____

Date of Discharge: _____

Primary Surgeon: _____

DIAGNOSIS

SURGICAL PROCEDURE(S) PERFORMED

HOSPITAL COURSE

PHYSICAL FINDINGS AT DISCHARGE

MEDICATIONS ON DISCHARGE

Medication Name	Dosage	Route	Frequency	Duration

DISCHARGE INSTRUCTIONS

FOLLOW-UP APPOINTMENTS

Provider/Department	Date	Time	Location

EMERGENCY INSTRUCTIONS

Prepared by: _____

Date: _____

Signature: _____

