

# 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:

