

Inpatient Acute Care Discharge Summary

Patient Information

Name: _____

MRN: _____

Date of Birth: _____

Admission Date: _____

Discharge Date: _____

Attending Physician: _____

Admission Diagnosis

Discharge Diagnosis

Hospital Course

Consultations

Procedures

Medications at Discharge

Medication	Dose	Route	Frequency	Instructions
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Discharge Instructions / Follow-up

Provider's Signature

Name:	
Date:	