

Inpatient Hospitalization Discharge Summary

Patient Name: _____

Medical Record #: _____

DOB / Age: ____ / ____

Admit Date: _____

Discharge Date: _____

Attending Physician: _____

Admission Diagnosis

Discharge Diagnosis

Summary of Hospital Stay

Treatments and Procedures

- _____
- _____
- _____

Hospital Course

Discharge Condition

Discharge Medications

- _____
- _____
- _____

Follow-up Instructions

- _____
- _____

Physician's Signature
