Oncology Department Discharge Summary

Patient Name: [_____]
Medical Record No.: [_____]
Date of Birth: [____/____/_____]
Gender: [_____]
Admission Date: [____/____/_____]
Discharge Date: [____/____/_____]
Consultant: [_____]

Diagnosis

[Insert final diagnosis and relevant ICD-10 code]

Reason for Admission

[Briefly state reason/social or clinical background]

Summary of Hospital Stay

[Concise chronological overview of key events, investigation findings, and treatment provided]

Relevant Investigations

Test	Date	Result
[Test Name]	[____/____/_____]	[Result]

Medications on Discharge

Medication	Dosage	Frequency	Duration
[Medication Name]	[Dosage]	[Frequency]	[Duration]

Instructions & Follow-up

[Instructions for patient, family, and follow-up appointments]

Attending Team

[Names of attending consultants, registrars]

_____   _____
Oncology Consultant   Prepared By
Date: ____/____/_____   Date: ____/____/_____