

# Cardiology Inpatient Discharge Summary

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Admission Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_  
Discharging Physician: \_\_\_\_\_

## Diagnosis

\_\_\_\_\_

## Hospital Course

\_\_\_\_\_

## Procedures

\_\_\_\_\_

## Investigations

\_\_\_\_\_

## Medications on Discharge

\_\_\_\_\_

## Diet / Activity

\_\_\_\_\_

## Instructions & Follow-Up

\_\_\_\_\_

Follow-up Appointment: \_\_\_\_\_  
Primary Care Provider: \_\_\_\_\_  
Cardiologist: \_\_\_\_\_  
Prepared by: \_\_\_\_\_  
Date: \_\_\_\_\_