

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: _____