

Oncology Inpatient Discharge Summary

Patient Information

Name: _____
MRN: _____
DOB: _____
Age: _____
Gender: _____

Admission Details

Date of Admission: _____
Date of Discharge: _____
Consultant: _____
Ward/Unit: _____

Diagnosis

- Primary Diagnosis: _____
- Secondary Diagnosis: _____
- Co-morbidities: _____

Hospital Course

Procedures / Treatments

| Date | Procedure / Treatment | Details |
|-------|-----------------------|---------|
| _____ | _____ | _____ |

Medications on Discharge

| Medication | Dose | Frequency |
|------------|-------|-----------|
| _____ | _____ | _____ |

Follow-up & Instructions

- Follow-up Appointment: _____
- Instructions: _____
- Emergency Contact: _____

Physician's Signature

Name: _____
Signature: _____
Date: _____

