

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: _____

