

Orthopedic Inpatient Discharge Summary

Patient Information

Name	MRN
Date of Birth	Gender
Admission Date	Discharge Date
Consultant	
Ward/Bed	Diagnosis

Admission Details

Operative Details

Procedure
Date of Surgery
Surgeon(s)
Anaesthesia

Hospital Course

Medications at Discharge

Follow-up Plan

Discharge Instructions

Doctor's Name & Signature

Date: _____