## **Discharge Summary**

DATE OF ADMISSION:

DATE OF DISCHARGE: \_

PCP: \_

DISCHARGE DIAGNOSIS:

**DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:** No Appointments / Follow-ups

PENDING RESULTS THAT REQUIRE FOLLOW-UP:

DIAGNOSTIC STUDIES RECOMMENDED:

INCIDENTAL FINDING THAT REQUIRE FOLLOW-UP:

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THERAPEUTIC RECOMMENDATIONS:

ALLERGIES:

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**DISCHARGE MEDICATIONS:** 

REASON FOR ADMISSION:

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HOSPITAL COURSE:

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**DISPOSITION:** 

PHYSICAL EXAM: Vitals Last Height and Weights

CONDITION: \_

CONSULTS COMPLETED:

**OPERATIONS/PROCEDURES:** 

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:

ADVANCE DIRECTIVE:

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UW Medicine physicians mentioned in this note can be reached by calling MedCon at 800-326-5300. If any part of this transcript is missing or to request other transcripts for this patient call 206-744-9000. For online access to patient records enroll in U-Link at uwmedicine.org/u-link.