HOSPITAL PATIENT DISCHARGE LETTER

Patient Name: _____ Medical Record No.: _____

Attending Physician: _____ Physician Contact: _____

Admission Details:

Admission Date and Time: _____

Discharge Date and Time: _____

Primary Diagnosis:

Secondary Diagnoses (if any):

Hospital Course Summary:

The patient was admitted for treatment and evaluation. During the hospital stay, appropriate diagnostic tests were performed and treatments administered. The patient's condition improved satisfactorily under medical supervision. All procedures and interventions were conducted with informed consent and in accordance with applicable medical standards and regulations.

Discharge Medications:

The patient is prescribed the following medications upon discharge. The patient and/or caregiver has been instructed on proper usage, dosage, and potential side effects. The patient is advised to follow up with their primary care physician or specialist as necessary.

Discharge Instructions:

The patient is advised to adhere to the following instructions: activity restrictions, diet modifications, wound care, symptom monitoring, and emergency contact procedures. Any signs of complications should prompt immediate medical attention. Compliance with follow-up appointments is essential for continued recovery.

Follow-Up Care:

The patient is scheduled for follow-up visits with their healthcare providers. Additional diagnostic tests or therapies may be required based on clinical evaluation. The patient should carry copies of this discharge letter and all related medical records to all appointments.

Patient Rights and Responsibilities:

The patient acknowledges understanding of their rights including confidentiality, informed consent, and the right to refuse treatment. The patient agrees to comply with medical advice and instructions to ensure best outcomes.

ATTENDING PHYSICIAN SIGNATURE **PATIENT SIGNATURE**

Signature: _____ Signature: _____

This Hospital Patient Discharge Letter is a formal document summarizing the patient's hospital stay, treatment, and instructions upon discharge. It is intended for the exclusive use of the patient and their healthcare providers. This document complies with applicable United States laws including patient privacy and healthcare regulations. The hospital and providers disclaim liability for any misuse or unauthorized disclosure. If there are questions regarding the contents of this letter or the patient's care, please contact the hospital's medical records department.