

DISCHARGE SUMMARY

Name:

Address:

TPA / Credit Party identification No.:

Consultant Name :

AGE/Sex :

IP NO

DATE OF ADMISSION :

DATE OF DISCHARGE :

Principal Diagnosis :

Operative Procedures :

Chief Complaints :

History of Present Illness :

Past/Personal/Family History :

History of Drug Allergy / Immunization :

Physical Examination :

Investigations :

Summary of Treatment

Discussion :

Special Instructions / further treatment Advised :

Chief Consultant

R.M.O