



**CENTRAL GENERAL HOSPITAL**

1234 John Doe Blvd, Sometown, ST 55555 Phone:(111) 222-3333

Age: 26y Race: Caucasian

Room:

Name: Doe Jane

DOB: 12/31/1981 Sex: F

Accnt.#

MR #

**MAIN DISCHARGE INSTRUCTIONS FORM**

You were seen by ED Provider: \_\_\_\_\_

You will need to make an arrangement for follow-up care with :

Follow-up in (days): \_\_\_\_\_

Special Instructions:

You have received the following:

DISCHARGE INSTRUCTIONS	PRESCRIPTIONS
ANKLE INJURIES; LESIONES AL TOBILLO	Hydrocodone/Ibuprofen Tablet 7.5MG-200MG 2 orally twice per day for 1 week

*Any X-rays taken during your emergency department visit will be reviewed by the radiologist within 24 hours. You will be notified if there is any significant difference which might result in a change in your care. You will be notified of the results of any cultures taken during your emergency department visit if additional care is required.*

I have received and understand the above instructions.

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Physician / Nurse Signature

\_\_\_/\_\_\_/\_\_\_:\_\_\_

**WORK / SCHOOL STATEMENT From Emergency Department**

**CENTRAL GENERAL HOSPITAL**

1234 John Doe Blvd, Sometown, ST 55555 Phone:(111) 222-3333

Name: Doe Jane

DOB: 12/31/1981

Sex: F

Patient was seen by ED Provider: \_\_\_\_\_

May return to work / school.

Will require time off work / school. Estimated time (days): \_\_\_\_\_

No Restrictions.

Restrictions and/or other notes:

10/20/2008 11:37

Name: Doe Jane

DOB: 12/31/1981

Sex: F



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**MAIN DISCHARGE INSTRUCTIONS FORM**

El profesional medico del sitio de Emergencia \_\_\_\_\_ le vio a usted.

Usted necesita llamar para hacer una cita con el siguiente doctor para cuidado adicional:

[Empty box for doctor name and contact information]

La cita debe ser en (días): \_\_\_\_\_

**INSTRUCCIONES:**

[Empty box for instructions]

Usted ha recibido las siguientes instrucciones:

DISCHARGE INSTRUCTIONS	PRESCRIPTIONS
ANKLE INJURIES; LESIONES AL TOBILLO	Hydrocodone/Ibuprofen Tablet 7.5MG-200MG 2 orally twice per day for 1 week

*El radiologo interpretará las placas que le han tomado durante la visita en el department de emergencia, dentro de las proximas 24 horas. Le avisarán si hay alguna diferencia significativa que resulte en el cambio de tu tratamiento. Los resultados de los exámenes del laboratorio durante su visita en el salon de emergencias serán notificados en caso de que tratamiento adicional sea requerido.*

Comprendo las instrucciones previamente mencionadas.

\_\_\_\_\_  
Firma del paciente/ tutor

\_\_\_\_\_  
Physician / Nurse Signature

\_\_/\_\_/\_\_\_\_:\_\_

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Restrictions and/or other notes:

10/20/2008 11:37

[Empty box for restrictions and notes]

Name: Doe Jane

DOB: 12/31/1981 Sex: F