



Interim Discharge Summary

Apply UR sticker, or complete details below:

Name:

UR:

DOB:

Principal Diagnosis:

Admission Date:

Discharge Date:

Discharge medications – see separate sheet

(Discharge medications are to be completed on PBS Outpatient Prescription Sheet)

Instructions:

A completed Discharge Summary will be forwarded to you and to your local doctor (where you have given consent for this to occur) as soon as possible.