

Patient Discharge Template

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Patient Name: _____	MRN: _____	DOB: _____
Admission Date: _____	Discharge Date: _____	Attending Physician: _____

Diagnosis at Discharge:

Hospital Course Summary:

Medications (with dosage & frequency):

Medication	Dosage	Frequency	Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Follow-Up Appointments:

Home Care Instructions (diet, mobility, wound care, activity limits):

Red Flag Warnings (when to seek urgent care):

Provider Name & Signature: _____	Date: _____	Contact: _____
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