Your hospital's name

Address · Phone number

DISCHARGE SUMMARY

PATIENT AND ADMISSION

Patient's name _____ Age and sex _____

Address _____ Phone _____

UHID _____ IP number _____

Ward, room and bed _____ MLC number _____

Admitted (date, time) _____ Discharged (date, time) _____

Consultant _____ Qualification _____

Department _____ Consultant's phone _____

Insurer or TPA _____ Claim number _____

Type of discharge ☐ Home ☐ Transfer to another hospital ☐ Left against medical advice (LAMA) ☐ Death

WHAT HAPPENED IN HOSPITAL

1. Complaints *why the patient came, and for how long*

2. History *past illnesses and for how long, past surgeries, allergies, regular medicines, smoking and alcohol, family history if it matters*

3. Key findings *vitals and the main examination findings at admission*

4. Provisional diagnosis *the doctor's view at admission*

5. Final diagnosis *the doctor's view at discharge, with the ICD-10 code if you use codes*

6. Investigations *the main test and scan results, with dates*

7. Consultations *other specialists who saw the patient, and their advice*

8. Procedures *each procedure or surgery, with the date, the type of anaesthesia and any implant used*

9. Operative findings *what the surgeon found*

10. Treatment given *the main medicines and fluids given in the ward*

11. Hospital course *how the patient did during the stay, and any complications*

12. Condition at discharge *vitals, and how the patient is on the day they leave*

GOING HOME

13. Discharge medicines *How often as morning-afternoon-night, such as 1-0-1. Name any regular medicine to stop.*

Medicine	Dose	Route	How often	Days	When to take it

14. Advice *diet, activity and wound care, and the signs that mean "come back at once"*

15. Tests required *tests to do after discharge, and when*

16. Follow-up *the date and the doctor for the review visit*

17. Emergency contact *the hospital's phone number*

18. Others *anything else the next doctor should know*

SIGNATURES

Prepared by *Duty doctor's name and signature*

Consultant *Name, qualification, registration number, signature and date*

Patient or attendant *I have received this summary and understood the advice. Name and signature*

SAMPLE: A MADE-UP PATIENT, NOT MEDICAL ADVICE

City Hospital

Main Road, City · Phone 00000 00000

DISCHARGE SUMMARY

PATIENT AND ADMISSION

Patient's name **Lakshmi Devi**

Age and sex **54, female**

Address **Door no. 00, Main Road**

Phone **00000 00000**

UHID **PAT-00421**

IP number **IPD-2026-00417**

Ward, room and bed **Private room, bed P-204**

MLC number **Nil**

Admitted (date, time) **27-10-2026, 11:23 am**

Discharged (date, time) **31-10-2026, 11:00 am**

Consultant **Dr. P. Reddy**

Qualification **MS**

Department **General Surgery**

Consultant's phone **00000 00000**

Insurer or TPA **Ganga Health, through Kaveri TPA (cashless)**

Claim number **CLM-88214**

Type of discharge ☑ Home ☐ Transfer to another hospital ☐ Left against medical advice (LAMA) ☐ Death

WHAT HAPPENED IN HOSPITAL

1. Complaints *why the patient came, and for how long*

Pain in the upper right abdomen on and off for 2 months, worse after oily food. Nausea for 1 week.

2. History *past illnesses and for how long, past surgeries, allergies, regular medicines, smoking and alcohol, family history if it matters*

Type 2 diabetes for 6 years, on metformin. No past surgery. No known drug allergy. Does not smoke or drink alcohol.

3. Key findings *vitals and the main examination findings at admission*

Pulse 84/min, BP 130/80 mmHg, no fever. Tender in the upper right abdomen. No jaundice.

4. Provisional diagnosis *the doctor's view at admission*

Gallbladder stones with pain (symptomatic cholelithiasis)

5. Final diagnosis *the doctor's view at discharge, with the ICD-10 code if you use codes*

Gallbladder stones with chronic inflammation (chronic calculous cholecystitis), ICD-10 K80.1. Type 2 diabetes, ICD-10 E11.9.

6. Investigations *the main test and scan results, with dates*

Ultrasound abdomen, 24-10-2026: many gallbladder stones, the largest 12 mm; bile duct normal. Blood tests, 27-10-2026: haemoglobin 12.1 g/dL, liver function normal, fasting blood sugar 128 mg/dL. ECG and chest X-ray normal. CBC and liver function after surgery, 29-10-2026: normal.

SAMPLE

7. Consultations *other specialists who saw the patient, and their advice*

Anaesthetist, 27-10-2026: fit for surgery under general anaesthesia. Physician, 27-10-2026: blood sugar control around surgery.

8. Procedures *each procedure or surgery, with the date, the type of anaesthesia and any implant used*

Laparoscopic cholecystectomy (keyhole removal of the gallbladder) under general anaesthesia, 28-10-2026. No implant.

9. Operative findings *what the surgeon found*

Thick-walled gallbladder with many stones. No pus or bile leak. Gallbladder sent for histopathology (HPE).

10. Treatment given *the main medicines and fluids given in the ward*

IV fluids, injection ceftriaxone, injection paracetamol for pain, injection pantoprazole, and insulin as per blood sugar

11. Hospital course *how the patient did during the stay, and any complications*

Surgery went as planned. Liquids the same evening and a normal diet the next day. Walking from the first day after surgery. Blood sugar under control.

12. Condition at discharge *vitals, and how the patient is on the day they leave*

Stable. Pulse 78/min, BP 126/80 mmHg, no fever. Eating and walking normally. Wounds clean and dry.

GOING HOME

13. Discharge medicines *How often as morning-afternoon-night, such as 1-0-1. Name any regular medicine to stop.*

Medicine	Dose	Route	How often	Days	When to take it
Paracetamol 650 mg tablet	1 tablet	By mouth	1-1-1	5	After food
Pantoprazole 40 mg tablet	1 tablet	By mouth	1-0-0	7	Before breakfast
Metformin 500 mg tablet	1 tablet	By mouth	1-0-1	Continue	After food, as before admission

SAMPLE

14. Advice *diet, activity and wound care, and the signs that mean "come back at once"*

Normal diet, with less oily food for 2 weeks. Walk every day. No heavy lifting for 4 weeks. Keep the wounds dry for 2 days. Check blood sugar at home. Come back at once if: fever, pain that gets worse, vomiting, yellow eyes or urine, or pus from a wound.

15. Tests required *tests to do after discharge, and when*

Fasting blood sugar before the review visit. HPE report of the gallbladder: collect it at the review.

16. Follow-up *the date and the doctor for the review visit*

Dr. P. Reddy, surgery OPD, 07-11-2026, for a wound check and the HPE report

17. Emergency contact *the hospital's phone number*

City Hospital, 24 hours: 00000 00000

18. Others *anything else the next doctor should know*

Nil

SIGNATURES

Prepared by

Duty doctor's name and signature

Duty doctor (signed), 31-10-2026

Consultant

Name, qualification, registration number, signature and date

Dr. P. Reddy, MS (General Surgery), registration number 00000, 31-10-2026

Patient or attendant

I have received this summary and understood the advice. Name and signature

Lakshmi Devi (patient), signed

SAMPLE