

DISCHARGE SUMMARY
Department of Urology, HSA JB

Name: _____ Ward: _____ RN: _____
 I/C: _____ Date of adm: _____ Date of disch: _____

Clinical Summary:
Diagnosis:

Date	Investigation	Findings

ix	On Admission	On Discharge
Serum Creat		
Uric Acid		
Urea		
PBA		

KUB x-RAY:-

Ultrasound / IVU / CT Scan report:-

Date	Specimen	PC # / Finding	Signature

Discharge Plan:

Follow up Date: _____ Time: _____
 To see Dr. _____

Summary prepared by: Dr. _____ (Full Name)
 Signature: _____
 Date: _____