**Patient Discharge Instructions**

- **Provisional Diagnosis:**

- **Call for Appointment:**
  - [ ] Call the Referral Center tomorrow at 1-800-
  - [ ] Your follow-up appointment should be within: [ ] days
    - [ ] 1 week
    - [ ] 2 weeks
    - [ ] as soon as available
    - [ ] Return to the Emergency Department in [ ] days
    - [ ] other

- **Additional Instructions:**

- **ED Attending:**

- **Patient may attend/resume school/gym/work on:** [ ] / [ ]

- **Restrictions:**

- **Please follow the instructions below as indicated for you:**
  - [ ] Abdominal Complaint
  - [ ] Alcohol/Drug Treatment
  - [ ] Animal Bite
  - [ ] Asthma
  - [ ] Back Pain
  - [ ] Bandage
  - [ ] Cast Care
  - [ ] Chest Pain
  - [ ] Cold-Adult/Child
  - [ ] Coughing/Coughing
  - [ ] Eye Injury
  - [ ] Fever-Adult/Child
  - [ ] Fever-Adult/Child
  - [ ] Head Injury-Adult/Child
  - [ ] Head Injury-Adult/Child
  - [ ] High Blood Pressure
  - [ ] Lacerations/Wound Care
  - [ ] Medication Instructions
  - [ ] Neck Sprain
  - [ ] Noise Band
  - [ ] Oral Media (Fenugreek)
  - [ ] Oral Medical Disease
  - [ ] Seizure
  - [ ] Sunburn
  - [ ] Sprain, Strain, Fracture
  - [ ] STD
  - [ ] Tetanus
  - [ ] Throat/Oral Abnormalities (Vomitting)
  - [ ] Urinary Tract Infection
  - [ ] Vomiting/Diarrhea-Adult/Child
  - [ ] Other

- [ ] You were prescribed narcotics or pain medications that may make you drowsy. Do not drink, drive or operate machinery while you are taking these medications.

- [ ] X-Rays do not always show injury or disease. Fractures (broken bones) are not always revealed on the initial X-Rays, but may be revealed on subsequent X-Rays. Your X-Rays have been read on a preliminary basis. Final readings will be made by the radiologist in approximately 24 hours. You will be notified of any additional findings. If a change is made in your X-Ray reading, you may need to return for further treatment.

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I, the undersigned, a patient in the Emergency Department, have been given general follow-up instructions. I have also been given the specific follow-up instructions as indicated above. These instructions have been explained to me and I understand them. I have received copies of these instructions.

<table>
<thead>
<tr>
<th>Patient or Guardian</th>
<th>Signature of Person Giving Instructions</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td>University of</td>
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<td></td>
<td>Hospital Medical Center</td>
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<td>1-800-451-3000</td>
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