

Your
Hospital's
Logo
Here

DISCHARGE NOTICE

DATE: _____

Imprint Plate:

Nursing Unit - Please Check the Appropriate Box:

- 1** Discharge to home / self care
- 2** Discharge to other acute care facility
- 3** Transferred to skilled nursing facility
- 4** Transferred to intermediate care facility
- 5** Transferred to another type facility
- 6** Discharge to home health
- 7** Left against medical advise (AMA)
- 8** Expired

Time of Discharge _____ (use military time)

Nursing Unit Representative _____
SIGNATURE

This patient has cleared the Finance Office

Patient Account Representative _____
SIGNATURE

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