



Bureau of Corrections

DISCHARGE SUMMARY AND HOME INSTRUCTION

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Name: _____ Prison Number: _____
 Family Name First Name Middle Name
 Date of Birth: _____ Sex: M F Civil Status: _____
 Date Admitted: _____ Date Discharged: _____
 Attending Physician: _____

Final Diagnosis: _____

Operation/Procedure done: _____

Home Medication Prescribed/Instructions/Administration: _____

Diet: _____

Clinic Appointment and Follow-Up: _____

Discharge order explained to patient/relative:

Signature of Patient/Relative over Printed Name: _____ Signature of Attending Physician over Printed Name _____