

Provisional Diagnosis: _____ Date: _____

Call for Appointment:

Call the Referral Center tomorrow at 1-800-_____ for an appointment at the _____ clinic.

Your follow-up appointment should be within: days
 1 week 2 weeks as soon as available
 Return to the Emergency Department in _____ days
 other _____

Should your condition worsen, or any new symptoms develop or should you not recover as expected, contact your doctor or the doctor you were given for the follow-up care. If you cannot contact the doctor, return to the hospital Emergency Department (_____) or any other Emergency medical treatment facility.

Additional Instructions:

ED Attending: _____
 Patient may attend/resume school/gym/work on: _____ / _____ DATE
 Restrictions: _____

- Please follow the instructions below as indicated for you:
- Abdominal Complaint
 - Alcohol/Drug Treatment
 - Animal Bite
 - Asthma
 - Back Pain
 - Burn/Pare
 - Cast Care
 - Chest Pain
 - Cold-Adult/Child
 - Crutch Walking/Crutches
 - Eye Injury
 - Fever - Child
 - Febrile Convulsion
 - Headache
 - Head Injury - Adult/Child
 - High Blood Pressure
 - Laceration/Wound Care
 - Medication Instructions
 - Neck Strain/Sore
 - Nose Bleed
 - Otitis Media (Earache)
 - Pelvic Inflammatory Disease
 - Seizure
 - Strain, Sprain, Fracture
 - STD
 - Tetanus
 - Threatened Aborting (miscarriage)
 - Urinary Tract Infection
 - Vomiting/Diarrhea - Adult/Child
 - Other: _____

- You were prescribed sedatives 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-Ray has been read on a preliminary basis. Final reading 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.

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.

Patient or Guardian	Signature of Person Giving Instructions	Date
University of _____ Hospital-Medical Center		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Address: _____</div> <div style="width: 30%;">Date: _____</div> <div style="width: 30%;">Print Physician Name: _____</div> </div>		