

Your
Hospital's
Logo
Here

YOUR HOSPITAL
Street Address
City, State Zip
www.hospital.org
(202) 555 - 1212

PATIENT IDENTIFICATION

TO:	ADDRESS:		
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CITY:	STATE:	ZIP:	PHONE:
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EMERGENCY DEPARTMENT
Tel: (202) 555 - 1212
Fax: (202) 555 - 1212

Tel: (202) 555 - ____ - ____ - ____
Fax: (202) 555 - ____ - ____ - ____

INCLUDED IN THIS PACKET ARE THE FOLLOWING DOCUMENTS:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> DISCHARGE INSTRUCTIONS | <input type="checkbox"/> X-RAY REPORT | <input type="checkbox"/> EKG REPORT |
| <input type="checkbox"/> COPY OF CHART | <input type="checkbox"/> LEVEL OF CARE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> LABORATORY RESULTS | <input type="checkbox"/> DISCHARGE SUMMARY | _____ |