



SASKATOON HEALTH REGION

Saskatoon, Saskatchewan

RUH SCH SPH Other _____

Patient Label

NAME: _____

HSN: _____

D.O.B.: _____

**MATERNAL SERVICES
PHYSICIAN TO PHYSICIAN
DISCHARGE INFORMATION**

Short Stay Discharge Form (Cases <72 hours, faxed to Family Physician)

Admitting Physician: _____

Family Physician: _____ Additional copies to: _____

Admission Date: _____ Discharge Date: _____

Disposition: Home Against advice Transferred to: _____

Final Diagnosis: _____

Other Diagnoses: _____

Hospital Course: _____

Condition at Discharge: _____

Discharge Medications: Refer to Discharge/Transfer Medication Rec. (if applicable)

Outstanding Tests: _____

Follow-up Appointments: _____

Discharge Plan: _____

Attending Physician signature & printed name

Date