

Pt. Name _____

Hospital Number _____

** Add any other deficiencies
Not listed on back of
this form*

Discharge Date _____

**PLEASE REMEMBER TO REVIEW YOUR ORDERS
AND PROGRESS NOTES FOR SIGNATURES.**

Tag					
DOCTOR MNEMONIC					
DOCTORS NAME					
Dictate					
Dictate Discharge Summary DD * PRO requires that Discharge Summaries for Cardiac patients include EF and reason for No ACE/No ARB * Please use Discharge Instruction Sheet as a guide to dictate the discharge medications when dictating the Discharge Summary.					
Dictate History & Physical DH					
Dictate Operative Report DO					
Dictate CARD CATH/PTCA/TEE DC					
Complete/Sign/Update/Date					
Sign Face Sheet/DX/Cod Sum SF					
Sign & Complete Cod Ques. CQ					
Sign Discharge Summary SD					
Sign H&P SH					
Update H&P UH					
Sign Operative Report SO					
Sign Cancer Staging CS					
Sign Echo SR					
Sign Consultation SC					
Sign Card Cath/.PTCA/TEE EEG Discharge Report SR					
Sign: SG					