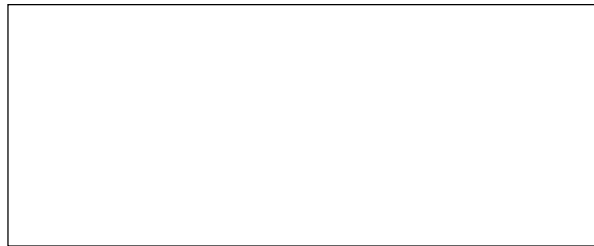


DISCHARGE SUMMARY



Dr. _____ Date _____

Your patient _____
(Name)

Date of Birth _____ CCD Direct Care # _____ Admitted On _____

has been discharged from Community Home Care Nursing Services on _____
(Date)

The admitting diagnosis was _____

The following nursing service was provided:

- medications
- wound care
- nursing assessment
- palliative care
- teaching re: _____

This patient was discharged from Community Home Care Nursing Services as they:

- no longer require CHCNS
 - was admitted / readmitted to:
 - other: _____
-

We appreciate caring for your patient and fulfilling our goal of providing quality nursing care in the community.

R.N.