**PATIENT’S DISCHARGE INFORMATION**

**PATIENT FULL NAME:** @fname @lname

**DATE OF BIRTH:** @dob

**GENDER:** @g

**ADDRESS:** @street

**CITY:** @city

**STATE:** @state

**ZIP CODE:** @zip

**PATIENT PHONE NUMBER 1:**@phone1

**PATIENT PHONE NUMBER 2:** @phone2

**PRIMARY EMERGENCY CONTACT NAME:** @cName1

**PRIMARY EMERGENCY CONTACT PHONE NUMBER:** @cPhone1

**SECONDARY EMERGENCY CONTACT NAME:** @cName2

**SECONDARY EMERGENCY CONTACT PHONE NUMBER:** @cPhone2

**PRIMARY CARE PHYSICIAN:** @primDr

**ATTENDING PHYSICIAN:** @dr

**REASON FOR DISCHARGE:** @reasonDischarge

**DIAGNOSIS:** @diagnosis