**PIMS DISCHARGE FORM**

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

**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 1:** @cName1

**ATTENDING PHYSICIAN:** @dr

**DIAGNOSIS:** @diagnosis

**ADDITIONAL DISCHARGE NOTES:**

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