**PATIENT’S DISCHARGE INFORMATION**

**PATIENT FULL NAME:** Anthony Stark

**DATE OF BIRTH:** 9/29/1970

**GENDER:** @g

**ADDRESS:** 930 Main Street

**CITY:** Manhattan

**STATE:** NY

**ZIP CODE:** 10001

**PATIENT PHONE NUMBER 1:**482-394-3945

**PATIENT PHONE NUMBER 2:** 382-193-4932

**PRIMARY EMERGENCY CONTACT NAME:** Pepper Pots

**PRIMARY EMERGENCY CONTACT PHONE NUMBER:** 482-394-3928

**SECONDARY EMERGENCY CONTACT NAME:** Hulk

**SECONDARY EMERGENCY CONTACT PHONE NUMBER:** 384-029-3821

**PRIMARY CARE PHYSICIAN:** Dr. Smith

**ATTENDING PHYSICIAN:**

**REASON FOR DISCHARGE:** deceased

**DIAGNOSIS:** cance 2