**PATIENT’S DISCHARGE INFORMATION**

**PATIENT FULL NAME:** Sansa Stark

**DATE OF BIRTH:** 12/12/2000

**GENDER:** @g

**ADDRESS:** Castle Winterfell

**CITY:** North

**STATE:** NO

**ZIP CODE:** 11111

**PATIENT PHONE NUMBER 1:**none

**PATIENT PHONE NUMBER 2:** none

**PRIMARY EMERGENCY CONTACT NAME:** Sandor Clegane

**PRIMARY EMERGENCY CONTACT PHONE NUMBER:** none

**SECONDARY EMERGENCY CONTACT NAME:** Brienne of Tarth

**SECONDARY EMERGENCY CONTACT PHONE NUMBER:** none

**PRIMARY CARE PHYSICIAN:**

**ATTENDING PHYSICIAN:**

**REASON FOR DISCHARGE:** test

**DIAGNOSIS:**