



MAKATI MEDICAL CENTER

## Home Instruction Form

<input type="checkbox"/> Instructions Given	Intravenous _____	Tube(s) _____
D. Supplies Equipment	(Include type & what to obtain)	
<input type="checkbox"/> None Required <input type="checkbox"/> Instructions Forms		
E. Referrals	<input type="checkbox"/> Health Agency _____ <input type="checkbox"/> Equipment _____ <input type="checkbox"/> Others _____	Phone _____ Phone _____ Phone _____
<input type="checkbox"/> None Required		
F. Special Instructions		
<input type="checkbox"/> None Required		
<input type="checkbox"/> Acknowledge receipt of the above discharge instruction. I clearly understood all instructions provided.		
Printed Name of patient, family or significant others (please encircle as appropriate): _____ _____ _____	Signature: _____	Date _____ Time _____
Printed Name of RN: PAT CANCUNIC _____ _____ _____	Signature:	Date <u>MAR 26, 2008</u> Time <u>10:45</u>

IN CASE OF ANY SYMPTOMS, PLEASE CALL OR CONSULT YOUR ATTENDING PHYSICIAN OR PROCEED TO MAKATI MEDICAL CENTER  
EMERGENCY DEPARTMENT FOR TREATMENT (IF THERE IS A NEED)