



MAKATI MEDICAL CENTER

Home Instruction Form

<input type="checkbox"/> Instructions Given	Intravenous _____ Tube(s) _____												
D. Supplies Equipment <input type="checkbox"/> None Required <input type="checkbox"/> Instructions Forms	(Include type & what to obtain)												
E. Referrals <input type="checkbox"/> None Required	<table border="0"><tr><td><input type="checkbox"/> Health Agency</td><td>_____</td><td>Phone</td><td>_____</td></tr><tr><td><input type="checkbox"/> Equipment</td><td>_____</td><td>Phone</td><td>_____</td></tr><tr><td><input type="checkbox"/> Others</td><td>_____</td><td>Phone</td><td>_____</td></tr></table>	<input type="checkbox"/> Health Agency	_____	Phone	_____	<input type="checkbox"/> Equipment	_____	Phone	_____	<input type="checkbox"/> Others	_____	Phone	_____
<input type="checkbox"/> Health Agency	_____	Phone	_____										
<input type="checkbox"/> Equipment	_____	Phone	_____										
<input type="checkbox"/> Others	_____	Phone	_____										
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: <u>ATT CANCULAK</u>		Signature: <u>[Signature]</u>	Date <u>March 26, 2008</u> Time <u>4:00 PM</u>										

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