

ZERO, Patient
Emergency Discharge Summary

EMERGENCY DISCHARGE SUMMARY

Central City General Hospital Emergency Department
123 ABC Street, Central City, A1B 2C3
Tel: 555-555-555 Fax: 555-555-5551

(PDF VERSION)

Patient Name: ZERO, Patient Phone: 555 555 1111 Chart: 10001224-6 / 1000000228795 Seen by MD: Dr. DemoDoctor	Address: 123 DEMO STREET, DEMO CITY, BC V1V1V1 Family MD: Unknown PHN: Time to MD: DOB: January 01, 1957
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General Discharge Information

Admit Date/Time: 07/06/16 1:58:00AM	Discharge Date/Time: 07/06/16 10:10:00AM
Presenting Complaint (from Triage): Severe pain in leg	
Disposition: Unknown at report time	
Primary Discharge Diagnosis: Deep Vein Thrombosis (DVT) - Lower Extremities	
Secondary Diagnos(es): Superficial Thrombophlebitis - Lower Extremities	
Procedures Performed: None	

Follow Up

Your emergency care provider has requested that you follow-up with the providers indicated below. Please bring this summary with you.

- 1) *Thrombosis Clinic*
Contact: 5th Floor Central City General Hospital. 123 ABC Street (Phone: 604-555-5555) 2 Days (Friday, July 8, 2016)
When: Appointment is already booked. Please go there at that time.
Comment:

Care Provider Comments

Testing of Thrombosis referral report.

Orders

<i>Laboratory</i>	<u>Status (at report time)</u>	<u>Date/Time Entered</u>
1) ALT Routi	Resulted	06-Jul-2016 02:26
2) AST Routi	Resulted	06-Jul-2016 02:26
3) CBC Routi	Resulted	06-Jul-2016 02:26
<i>Medications</i>	<u>Status (at report time)</u>	<u>Date/Time Entered</u>
1) Rivaroxaban 15 MG PO Now q12h x 2 Doses	Active	06-Jul-2016 03:20

Lab Results

CBC			
1) WBC	6.5	[4.0- 11.0 X10 ⁹ /L]	06-Jul-2016 06:14
2) RBC	4.25	[3.80- 5.20 x10 ¹² /L]	06-Jul-2016 06:14
3) HGB	130	[115- 155 g/L]	06-Jul-2016 06:14
4) HCT	0.35		06-Jul-2016 06:14
5) MCV	94	[82- 98 fL]	06-Jul-2016 06:14
6) RDW	12.1	[11.0- 15.0 %]	06-Jul-2016 06:14
7) Platelet count	200	[150- 400 x10 ⁹ /L]	06-Jul-2016 06:14
	*Reviewed by technologist		
8) MPV	11.8	[9.5- 12.5 fL]	06-Jul-2016 06:14
ALT			
1) ALT	44	[15 – 45 U/L]	06-Jul-2016 05:22

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AST
1) AST

33 [15 – 35 U/L]

06-Jul-2016 05:22

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Prescriptions Given

1) Rivaroxaban 15 MG PO BID Dispense: 21 days

Suggested Over the Counter Medications

1) None



You received this fax **automatically** because the above mentioned patient was referred for follow-up services and/or indicated you to be the family physician. This summary was created as part of the [REDACTED] City Health Linking project supported by the [REDACTED] Health Primary Health Care Transition Fund in partnership with [REDACTED] Health Care. To submit comments and feedback, please e-mail [REDACTED]

For patient education sheets please go to: [REDACTED]

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