Cardiac Care Hospital Discharge Continuity and Coordination Report



Today's date	
Patient name:	Date of birth:
Emergency department visit date:	
Dx:	
Medications at discharge:	
To:	
(Primary Care/Referring Physician)	
Address:	Phone:
	Fax:
Your patient was discharged on the above date for review and inclusion in the patient's medical record	or a cardiac condition. This information is being sent to you for your rd.
The treatment plan and discharging instructions a	are attached.
Comments:	
Upon discharge, your patient was given the follow	ving appointment:
Dr, primary	health care professional or specialist
Date and time:	_ (within 14 days) for further management of their cardiac condition.
Recommendations:	
Respectfully submitted,	
(Discharging health care professional signature)	-
Printed Name:	Phone:
Address:	
CC.	

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