



# DISCHARGE INSTRUCTIONS GIVEN

Attendants Name \_\_\_\_\_

Relationship with patient \_\_\_\_\_

Room No. \_\_\_\_\_

Date of Admission \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Discharge instructions given to me are in the language that is understood by me.

Received exercise handout.

Contact number of physiotherapist in case of any query.

Mob. +91 85271 91733

Extn. 6718, 6719

Date

Signature

Phone number (Atleast two) \_\_\_\_\_

E-mail ID \_\_\_\_\_

Local Address \_\_\_\_\_ Permanent Address \_\_\_\_\_

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