



PATIENTS EPICRISIS (DISCHARGE) REPORT

NAME	DATE OF BIRTH	GENDER	NATIONAL ID NUMBER

ADMISSION DATE & DIAGNOSIS INFORMATION

ADMISSION DATE	INITIAL SYMPTOMS & COMPLAINTS
.../.../.....	1.
Barcode	2.
	3.
	4.
DIAGNOSIS	1.
	2.
	3.

TREATMENT & SURGERY INFORMATION

TREATMENT DATE INTERVAL/...../...../...../.....
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MEDICATIONS & DOSAGE
1.
2.
3.
4.
5.
6.
7.

SURGICAL PROCEDURES

LABORATORY RESULTS



SELCUK UNIVERSITY
HOSPITAL

TREATMENT PROGRESS

DISCHARGE STATUS

DISCHARGE DATE

DISCHARGE RECOMMENDATION

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Prepared by Dr....., Speciality:

Signature