

THE MOUNT SINAI HOSPITAL
NEW YORK, N.Y.

DISCHARGE SHEET

THIS ENTIRE SHEET MUST BE COMPLETED AT THE TIME OF DISCHARGE

PATIENT DISCHARGED ON 11/25/75 ALIVE

CHARGED AUTOPSY: YES NO AGAINST MEDICAL ADVICE

TRANSFERRED TO _____
NAME OF PHYSICIAN

PATIENT TO BE FOLLOWED:

PATIENT MAY RETURN TO WORK 1 month RETURN TO WORK AMB CLINIC ON _____

DISCHARGE DIAGNOSIS (THIS SECTION SHOULD BE WRITTEN IN FULL WITHOUT USE OF ABBREVIATIONS, XRAY SYMBOLS & MEDICAL SIGNS)

PLEASE USE PRIMARY DIAGNOSIS FIRST

① Subarachnoid Hemorrhage
2° to laceration of 2nd cerebral
Axt. on Right

DO NOT WRITE IN THIS SPACE

442.0

ADMITTING PHYSICIAN Mr. K. B. ADMITTED ON 1/22/76

MEDICAL PROGRESS (PLEASE LIST IN ORDER OF IMPORTANCE, AND SEPARATE BY DATE WHEN APPLICABLE)

PROGRESS 11/25/75 partial remission DATE 11/25/75
TO BE DETAIL BY Clipping of men 42 DATE _____
PROGRESS _____ DATE _____
TO BE DETAIL BY _____ DATE _____
PROGRESS _____ DATE _____
TO BE DETAIL BY _____ DATE _____

01.0
99.0

WAS TREATED IN SPECIAL CARE UNIT YES NO AIDS OTHER _____

PHYSICIAN AUTHORIZED SERVICE FROM
MEDICAL PROGRESS AND RECORDS

Nessing
11/25/75

MEDICAL RECORDS