Fairview Lakes Medical Center
Discharge Instructions:

- Emergency Department
- Urgent Care

If you have any patient safety or quality concerns, please call Customer Relations at 651-982-7851.

Please keep these instructions. Give them to your doctor at your follow-up visit.

- See your regular doctor or clinic in ______ days. Bring all your medicines to this follow-up visit. Call that doctor for any medicine refills or follow-up for workers’ compensation.

- Referred to: Physician/Group ___________________________ Phone # _______________________

- If you do not improve in ______ hours/days, call your family doctor or the clinic listed above.

- If we did any lab tests, we will call you only if the tests are positive (if you have the illness). If you do not hear from us and your problem gets worse, call 651-982-7700.

- If you had X-rays, a radiologist (X-ray doctor) will send a report to your family doctor, if you have given us this information. If the report results in the change of your care, you will be notified. Call your family doctor if you have questions. The treatment you received today should not take the place of complete care from your doctor or clinic.

- Your medicines: (Provider: check all appropriate boxes)
  - Keep taking your current medicines. See the list provided. Provider/RN to review: __________ (initials)
  - Ask your regular doctor if you should keep taking your regular medicines.
  - Add the following medicines:
    
    | Name       | How to take | How long to take |
    |------------|-------------|------------------|
    |            |             |                  |
    |            |             |                  |

  - You have received a medicine that may make you tired. A responsible adult must stay with you. Do not drink alcohol, drive or work machinery.

- If your problem gets worse, call your doctor or go back to Urgent Care or the Emergency Department.

- Your nurse has discussed any other self-care guidelines. Provider/RN to review: __________ (initials)

- Other instructions: __________________________________________________________________

Nurse Advise Lines: 651-982-7700, 651-257-8800, 1-800-573-3027

I have read and understand the above. I have received a copy of this form and any other needed guidelines. If I cannot arrange for follow-up care, I will return to Urgent Care or the Emergency Department.

Diagnosis: ___________________________ Discharge time: ______________

Patient signature: ___________________________ □ Patient  □ Relative  □ Friend

MD signature: ___________________________ Discharge nurse signature: ___________________________
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Discharge nurse signature: _______________________________