



San Gabriel Valley Medical Center
438 West Las Tunas Drive
San Gabriel CA 91776

EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS & REFERRAL

Current Date:	120218	Current Time:	2032
Patient Name:	GAN HONG	Account Number:	30848479
		Medical Record Number:	826190
Date of Birth:	12061968	Gender:	F
		Admitting Physician:	LEVIN FRED

YOU HAVE RECEIVED THE FOLLOWING CHECKED DIAGNOSTIC STUDIES, WHICH YOU CAN BRING TO YOUR PRIMARY DOCTOR:

- LABORATORY EXAMS
- X-RAY EXAMS
- ELECTROCARDIOGRAM (EKG)
- ULTRASOUNDS
- CT SCAN

Your EKG and labs are given to you with this document. For other documents from your medical record, you may contact our Medical Records Department at (626) 570-6630.

You may be contacted by us if review of pending labs, X-rays, or EKG's reveals additional information.

PROVISIONAL DIAGNOSIS:

1. CELLULITIS
2. _____
3. _____
4. _____

ER PHYSICIAN AFTER CARE INSTRUCTIONS:

PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN IN 2 DAYS FOR A RECHECK. FILL UP AND TAKE ALL YOUR MEDICATIONS AS TOLERATED. DRINK A LOT OF WATER, GET PLENTY OF REST. PLEASE RETURN TO THE ER IF YOU HAVE ANY NEW OR WORSENING SYMPTOMS.

- | | | |
|--|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Abrasion / Laceration | <input type="checkbox"/> Abscess |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Bronchitis / Pneumonia | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Cold / Flu / Viral Syndrome | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Head Trauma / Concussion | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Pharyngitis / Tonsillitis |
| <input type="checkbox"/> Splint Care | <input type="checkbox"/> Sprain / Strain / Bruises / Fracture | <input type="checkbox"/> Urinary Tract Infection / Bladder Infection |
| <input type="checkbox"/> Vaginal Bleeding | <input type="checkbox"/> Vomiting and Diarrhea | |

List of Medications:

New medication prescribed from Emergency Department:

Drug Name	Strength	Directions
REFLEX	500MG	TAKE EVERY 6 HOURS AS NEEDED FOR PAIN

Notes:

- Additional Medication

New medication prescribed from Emergency Department:

Drug Name	Strength	Directions

BACTRIM DS

TAKE 1 TABLET 2X A DAY FOR 1 WEEK

Notes:

[Empty text box for notes]

Additional Medication

Additional Medication

Additional Medication

IF YOUR PROBLEM DOES NOT IMPROVE OR GETS WORSE, CONTACT YOUR PRIMARY PHYSICIAN OR THE REFERRAL HEALTH CARE RESOURCE IMMEDIATELY, OR RETURN TO THE EMERGENCY DEPARTMENT.

Follow up with your primary physician, Dr. [] in [] day(s).

May return to work / school.

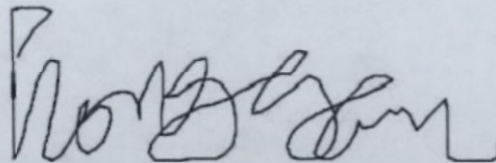
No work / school for [] day(s).

No physical education for [] day(s).

Comments: []

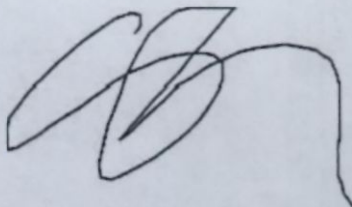
1. If you receive or take narcotics or sedating medications, we recommend not to drive or operate heavy machinery for 12 hours after your last dose. If after 12 hours you feel dizzy or sleepy, extend this period to 24 hours.
2. Children must be secured in appropriate child passenger restraints (safety seat or booster seat) until they are at least 8 years old or a height of at least 4' 9."

I hereby acknowledge that I have received and understand the instructions above and that I will arrange for follow-up care as instructed.



Patient/Representative Signature

Date: 120218



Witness Signature

Date 120218