

Doctors Hospital

Emergency Department
9440 Poppy Drive
Dallas, TX 75218
214-324-6111

DISCHARGE INSTRUCTIONS FOR:
FOR TODAY'S VISIT ON:

Robert Plock
Friday 1/25/2013

Thank you for using Doctors Hospital for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number.)**

MEDICATIONS:

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by GREER, SHARON, F-NP with the diagnosis of LS Spine Strain, Left Knee Sprain, MVC.

Thanks again for using Doctors Hospital for your treatment today. The discharge instructions for today's visit are outlined below.

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- Ace Wrap (Elastic Bandage)
 - Back Pain & Injury-El
 - Knee Sprain
 - Motor Vehicle Collision (MVC)
 - Motrin 600mg 20 (twenty) tablets 1 orally four times a day as needed for pain
 - Norco 5/325 mg #12 (twelve) 1 per oral every 4 to 6 hours as needed for pain not relieved by Motrin
 - Prvt MD 2-3 days
 - Return to ED if condition worsens or changes

Special Notes:

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any). I acknowledge that failure to follow-up with the above doctors as directed will release the emergency department physicians of any responsibility for any adverse outcome or worsening of my condition. I also understand that my signature authorizes North Shore Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS/HIV testing, mental health records, and drug/alcohol treatment) to the referred physician(s) listed above.

Patient Copy

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