



Jefferson County Health Center

## **PATIENT DISMISSAL INSTRUCTION**

DIET \_\_\_\_\_ COPY OF DIET SENT HOME—YES \_\_\_\_\_ NO \_\_\_\_\_

FOR ASSISTANCE WITH DIET CALL (\_\_\_\_\_)

**ACTIVITY** \_\_\_\_\_

**TREATMENTS** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

ADDITIONAL INSTRUCTIONS \_\_\_\_\_

**FOLLOW-UP VISIT IN DOCTOR'S OFFICE MADE** **MONTH** **DAY** **TIME**

PATIENT TO MAKE OWN APPOINTMENT IN  DAYS  WEEKS

I UNDERSTAND THE ABOVE INSTRUCTIONS

## NURSE