



Jefferson County Health Center

PATIENT DISMISSAL INSTRUCTION

DIET _____ COPY OF DIET SENT HOME—YES _____ NO _____

FOR ASSISTANCE WITH DIET CALL (_____)

ACTIVITY _____

TREATMENTS _____

MEDICATIONS _____

MEDICATION

DOSAGE

INSTRUCTIONS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ PATIENT/FAMILY

_____ NURSE