**DOCTOR NOTES**

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| **Patient Information:** | |
| **Patient ID:** 342344 | **Patient Medical Record Number:** 2834922143 |
| **Patient Name:** PEREZ/NANCY | **Patient Phone Number:** (999)888-777 |
| **Patient Address:** 666 W. Any street, Anytown, USA 83292 | |
| **Responsible Adult:** SELF | **Patient Email:** mailid@domain.com |
| **Patient Weight:** 165 LBS | **Patient Height:** 5'2" |
| **Patient DOB:** 08/25/1984 | **Patient Sex**: M/F |

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| **Visit Information:** | |
| **Visit Start Date:** 3/25/2015 | **Discharge Date/Time:** 3/28/2015 - 12:15:29 PM |
| **Department:** 5th Floor - OD | **Primary Caregiver:** Justin Allison, DO |
| **Diag:** | **Other Providers:** |

**Discharge Instruction Sheets Provided:**

* Hypoglycemia (Low Blood Sugar) in People Without Diabetes
* Vomiting- Brief

**Patient Instructions:**

## Additional Notes for Hypoglycemia (Low Blood Sugar) in People Without Diabetes

* Return to the ER for new symptoms, worsens or fails to improve.
* Additional Notes for Vomiting
* Return to the ER for new symptoms, worsens or fails to continue to improve.

**Follow up Appointments/Instructions:**

* Primary Follow-up Information
* Go to Primary care for a glucose tolerance test

This patient was reviewed by me and should return to me for further consultation no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_