

DISCHARGE PLAN

Dear Doctor _____
Initial Discharge Target: _____ / /
Proposed Final Discharge Date: _____ / /
Discharge Plan : Home _____ ECF _____ Other _____
Outpatient Therapies will be at: _____
Prescriptions Needed: P.T. _____ O.T. _____ S.T. _____
Equipment: _____

Home Care: _____
Follow-up Physician will be: _____
Attending Physician's Signature: _____
I agree with all plans _____ .
I disagree with plans _____ .
Comments: _____

M109 (2/93)

DISCHARGE PLAN

Dear Doctor _____
Initial Discharge Target: _____ / /
Proposed Final Discharge Date: _____ / /
Discharge Plan : Home _____ ECF _____ Other _____
Outpatient Therapies will be at: _____
Prescriptions Needed: P.T. _____ O.T. _____ S.T. _____
Equipment: _____

Home Care: _____
Follow-up Physician will be: _____
Attending Physician's Signature: _____
I agree with all plans _____ .
I disagree with plans _____ .
Comments: _____

M109 (2/93)

DISCHARGE PLAN

Dear Doctor _____
Initial Discharge Target: _____ / /
Proposed Final Discharge Date: _____ / /
Discharge Plan : Home _____ ECF _____ Other _____
Outpatient Therapies will be at: _____
Prescriptions Needed: P.T. _____ O.T. _____ S.T. _____
Equipment: _____

Home Care: _____
Follow-up Physician will be: _____
Attending Physician's Signature: _____
I agree with all plans _____ .
I disagree with plans _____ .
Comments: _____

M109 (2/93)

DISCHARGE PLAN

Dear Doctor _____
Initial Discharge Target: _____ / /
Proposed Final Discharge Date: _____ / /
Discharge Plan : Home _____ ECF _____ Other _____
Outpatient Therapies will be at: _____
Prescriptions Needed: P.T. _____ O.T. _____ S.T. _____
Equipment: _____

Home Care: _____
Follow-up Physician will be: _____
Attending Physician's Signature: _____
I agree with all plans _____ .
I disagree with plans _____ .
Comments: _____

M109 (2/93)