

DA DISCHARGES

Patient Name: _____ DVM: _____
DVM to talk to owner? YES / NO

Circle one:
TGH? TO RDVM? TO SPECIALIST? CLINIC: _____

Map/Brochure Needed?	YES / NO
Needs Treatment	YES / NO
Radiographs to go	YES / NO
Needs Medications Filled	YES / NO
Needs E-Collar	YES / NO

Needs Food To Go Home:

SPECIAL INSTRUCTIONS

Discharge Time

TECHNICIAN DISCHARGES

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