

## Mashhad University of Medical sciences Dr. Sheikh Educational, Research and Treatment Hospital

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Unit no:		

Patient and family education sheet discharge

Attending Physician:	Ward:	Name:	Family name:
	Room:		
	Bed:		
Date of Admission		Date of Birth	Father Name:

Nursing Care	Physician education			
	Method of drug use	Dose& Time	Drug Name	
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Nutritionist education	Nursing education	Medical education	
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			Next Visit
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I.....approve that resived education.

Confirmation & signature Nurse	Confirmation & signature Doctor	Sing and Fingerprint a paitent or caregiver

Contact Saturdays, Sundays and Tuesdays at 05137269021-202 (Self-care Clinic)