



Medical Binder

My Detailed Hospitalization Summary

Name

Hospital

Admission Date

Discharge Date

Record #

Hospital Address

Admitting Doctor

Consultants/ Specialty

Reason for Admission

Admission Summary (ie, new findings, complications, etc.)

Discharge Notes (ie, new medications, special instructions)

Follow Up Appointments

Doctor

Date

Doctor

Date

Address

Address

Telephone

Telephone

Barth Syndrome Foundation

2005 Palmer Avenue #1033, Larchmont, New York 10538 Phone (914) 303-6323 Fax (518) 213-4061 www.barthsyndrome.org