

Mercy Ambulatory Care - Emergency Dept.
Mercy Hospital Orchard Park Division

3669 Southwestern Boulevard
Orchard Park, NY 14127
716-662-0500

Discharge Instructions for: **Ahmed, Alhamdy**
Arrival Date: **Thursday, July 23, 2015**

Thank you for choosing Mercy Hospital Orchard Park Division for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: **Mangione, Michael, DO**
Diagnosis: **Sinusitis; Benign Positional Vertigo**

DISCHARGE INSTRUCTIONS	FORMS
Sinusitis Benign Positional Vertigo (BPV)	Medication Reconciliation Work release form
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Mercy Adult, When: 2 - 3 days; Reason: Recheck today's complaints	Augmentin Meclizine Prednisone
SPECIAL NOTES	
Take meclizine as needed for dizziness. Lie on your back on your bed. Hang your head off the bed and move head side to side 15 times 3 times per day for the next 2 days.	

X-RAYS and LAB TESTS:
If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please check the contact information that you have provided to us is correct.

MEDICATIONS:
If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

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Alhamdy Ahmed

Fri 07/24/2015

WORK RELEASE FORM

This notice verifies that the above named employee was seen and treated in our emergency department on the above printed date. The employee will be able to return to work on July 27, 2015.

The employee has the following restrictions:

[NO RESTRICTIONS]

These restrictions apply through _____

After this date, the employee should be able to participate in all work duties.

NOTE: If the symptoms continue and the employee is unable to perform the full duties of their job by this date, please advise the employee to follow up with the referral physician for further evaluation.

MD SIGNATURE _____



PATIENT COPY