

Balsamiq Mockups

Version: 35.15
Patient's Last Name

DOB

← Verify

Verification form.
Link should be patient specific

30 day Follow-Up

Dear Mr./Ms Care Taker Name,

We would like to thank Mr./Ms Patient Last Name for staying at Facility Name. It has been No. of Days Follow-up: 30/60/90 days since they were discharged and we would like to follow-up on his/her care.

Since being discharged from Facility Name, Mr./Ms Patient Last Name

Please Select One of the Following ▼

Is doing well

Has been readmitted to the hospital

Other

30 day Follow-Up

Dear Mr./Ms Care Taker Name,

We would like to thank Mr./Ms Patient Last Name for staying at Facility Name. It has been No. of Days Follow-up: 30/60/90 days since they were discharged and we would like to follow-up on his/her care.

Since being discharged from Facility Name,

Has been readmitted to the hospital ▼

Hospital Name:

Date:



Reason:

Submit

30 day Follow-Up

Dear Mr./Ms [Care Taker Name](#),

We would like to thank Mr./Ms [Patient Last Name](#) for staying at [Facility Name](#). It has been [No. of Days Follow-up: 30/60/90](#) days since they were discharged and we would like to follow-up on [his/her](#) care.

Since being discharged from [Facility Name](#), Mr./Ms [Patient Last Name](#)

Other

Please Explain (free text)

Submit

Thank You

