



Complete Pulmonary Rehab

190 Aviation Plaza | Hot Springs, AR 71913 | 501.525.2770

Discharge Procedure

Patient Acknowledgement of Discharge Policy and Procedures

I, _____, have received a copy of the Discharge Policy and Procedures. I have read or had someone read them to me and I understand them. Should I have any questions understanding this procedure in the future, I am aware that I may ask a Complete Pulmonary Rehab staff member for clarification or assistance at any time.

Patient Signature

Date

Witness/Staff Signature

Date