

**STUDY: \_\_\_\_\_**  
**Patient Discharge Instruction Sheet**

Listing number on ClinicalTrials.gov (N/A if not available):

1. Your follow up clinic visits will be at the *name of clinic* clinic located at *name of location*; Phone#: *phone number*. Check in at the front desk and tell the receptionist that you are here for a research visit.
2. Please bring all current medications that you are taking with you to your clinic visits.
3. Please call the research nurses if you have ANY questions at ANY time while you are in the study.
4. Please notify your physician and/or the research staff as soon as possible if you experience any problems after discharge.
5. Please also notify the research staff if you should need to go to the ER or be readmitted to the hospital for any reason at anytime while in this study.
6. Please notify your family or regular physician that you are participating in this study. They may wish to contact the research staff if they should need more information to aid in your care.

We appreciate and thank you for your participation in the \_\_\_\_\_ study!

Main Line:	<i>Main phone number</i>
Hospital Paging:	662-377-3000
Name of research coordinator:	<i>Phone number and pager</i>