

Falls Road,
Belfast, BT12 6BE
Tel. [REDACTED]

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

364377

Discharge/Transfer Advice Note

DAY CASE

Dear Doctor *Scott*

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

Your Patient *Mr Mrs Miss Ms

Name *Adam Strain*

Address [REDACTED]

D.O.B. *4/8/91* Ward *Musg* Male* Female*

*
TICK
OR
DELETE
AS
APPROP.

Referral No.

Contract No.

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>18-11-94</i>		
CONSULTANT NAME	<i>Dr Savage</i>		
WARD	<i>Musg</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>	CODE
<i>U.R.T.I</i>	
OTHER DIAGNOSIS <i>PERITONEAL DIALYSIS</i>	
OTHER DIAGNOSIS <i>CHRONIC RENAL FAILURE</i>	

PRINCIPAL PROCEDURE	DATE
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST

COMMENTS *Red Routine blood + specim referred*

Method of Admission	
Emergency	<input type="checkbox"/>
Waiting list	<input type="checkbox"/>
Outpatients	<input type="checkbox"/>

Review Arrangements *As arranged previously* Further Summary Letter Yes No

Yours sincerely *David [Signature]* (signature) Date *19-11-94*

Name in Block Letters *DAVID CORCORAN* Consultant Senior Reg Reg SHO JHO

016-008-023

USE ONLY A BALLPOINT PEN - PRESS HARD