

W/Attender

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.
364377

Discharge/Transfer Advice Note

Dear Doctor
I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.
.....
Referral No.
Contract No.

*
TICK
OR
DELETE
AS
APPROP.

Your Patient *Mr Mrs Miss Ms
Name *Adam Strain*
Address..... [REDACTED]
Postcode.....
D.O.B. *4/8/91* Ward..... Male* Female*

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>28.9.95</i>		
CONSULTANT NAME	<i>Savage</i>		
WARD	<i>MUSG</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>		CODE
	<i>Chronic Renal failure</i>	
OTHER DIAGNOSIS	<i>Renal Mesodysplasia</i>	
OTHER DIAGNOSIS	<i>Febrile</i>	

	DATE
PRINCIPAL PROCEDURE	<i>Phlebotomy</i> <i>28/9/95</i>
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

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

DRUG <small>(approved name in caps)</small>	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
<i>None</i>			

COMMENTS *Phlebotomy*

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

Review Arrangements *as arranged* Further Summary Letter Yes No
Yours sincerely *[Signature]* (signature) Date *28/9/95*
Name in Block Letters *DAVID SAVAGE* Consultant Senior Reg Reg SHO JHO

ONLY A BALLPOINT PEN - PRESS HARD