

**THE ROYAL BELFAST HOSPITAL
FOR SICK CHILDREN**
180 Falls Road, Belfast BT12 6BE
Tel: [REDACTED] ext:

OUT PATIENT'S REPORT

PATIENT DETAILS

UN: 364371
Name: Adam Strain
Address: [REDACTED]
..... DOB: 4/8/91

G.P. DETAILS

Name: Scott
Address: The Sugan Booke Drive
..... Holywood

Contract No:
Referral No:
CHI No:

Dear Doctor,

Your patient had an appointment at the Renal Clinic on 8/6/95

Attendance Details.

Source of Referral.

New	Review 1st	2nd	3rd	4th +
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A/E	Self	G.P.	Tertiary	Other
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Clinical Comments.

Clinical Diagnosis:

Chronic Renal Failure on haemodialysis

ICD9/Clinic Code:

Procedure Performed:

Recommended drug/treatment:

Add

Zantac 2.5mls BD

75mg in 5ml

Future Management.

RECEIVED

- 1) Has been placed on a waiting list YES/NO FOR: _____
- 2) Required urgent in-patient treatment and will be admitted on: 8 JUN 1995
- 3) Requires a further appointment FOR: _____
- 4) Is satisfactory and has been discharged to your care: YES/NO
- 5) Tertiary referral made to: _____
- 6) Did not attend - further appointment issued. YES/NO

Yours sincerely,

Maurice Sangr

Consultant in Charge:

[Signature]

Grade: SHO REG SEN REG CONSULTANT

Further detailed correspondence to follow:

YES NO

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HEALTH SERVICE TRUST

PLEASE USE BALLPOINT PEN ONLY 016-028-057

White Copy - to G.P. : Green Copy - Chart Copy : Yellow Copy - Tertiary Referral : Pink Copy - Health Visitor/Other