

AS - EHSSB

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

364377

Discharge/Transfer Advice Note

Dear Doctor *Secret*.....

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

*
TICK
OR
DELETE
AS
APPROP.

Your Patient *Mr Mrs Miss Ms

Name *Adam Selwin*.....

Address..... [REDACTED]

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

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>9.2.95</i>		<i>9.2.95</i>
CONSULTANT NAME	<i>de Sage</i>		
WARD	<i>Musgrave</i>		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <small>*delete as appropriate</small>	CODE
<i>? Peritonitis</i>	
OTHER DIAGNOSIS <i>Chronic Renal Failure</i>	
OTHER DIAGNOSIS	

	DATE
PRINCIPAL PROCEDURE <i>P.D. Fluid culture</i>	
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
<i>unchanged</i>			
	<i>2 wtt</i>	<i>1w</i>	

COMMENTS

P.D. Fluid culture not infected

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements.....

Yours sincerely.....

Name in Block Letters.....

J Maurice Savage

(signature) Date

2/52 *016-038-069*
Further Summary Letter Yes No
27/2/94

Consultant Senior Reg Reg SHO JHO

ONLY A HALLPUNI PER - PRESS HARD