

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.

Your Patient *Mr Mrs Miss Ms

Name Iden Shan

Address... [REDACTED]

D.O.B. 4/8 11 Ward Muddy Male* Female*

*
TICK
OR
DELETE
AS
APPROP.

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	6-9-94		6-9-94
CONSULTANT NAME	M. Savage		
WARD	Muddy		

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

	DATE
PRINCIPAL PROCEDURE	
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
CIPROFLOXACIN	150mg b.d.	5/7	

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

Review Arrangements Dr. George Clarke Further Summary Letter Yes No

Yours sincerely (signature) Date 6-9-94

Name in Block Letters..... Consultant Senior Reg Reg SHO JHO

016-040-072

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

364377

Discharge/Transfer Advice Note

Dear Doctor *Scott*

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

Referral No.

Contract No.

Your Patient *Mr Mrs Miss Ms

Name *Adam Strain*

Address [REDACTED]

Postcode [REDACTED]

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

*
TICK
OR
DELETE
AS
APPROP.

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>2.9.94</i>	/	<i>4.9.94</i>
CONSULTANT NAME	<i>DR Saw</i>	/	
WARD	<i>MUSG</i>	/	

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

	DATE
PRINCIPAL PROCEDURE <i>Education of PAC x therapy</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>GALFER</i>	<i>5ml per gastroscopy ^{B/D}</i>	<input checked="" type="checkbox"/>	
<i>FLUCLOXACILLIN</i>	<i>125mg per gastroscopy ^{QDS}</i>	<input checked="" type="checkbox"/> <i>5/7</i>	

COMMENTS

R/v as arranged

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements Further Summary Letter Yes No

Yours sincerely (signature) Date

Name in Block Letters Consultant Senior Reg Reg SHO JHO

016-040-073

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ROYAL HOSPITALS

HOSPITAL No.
364377

PHARMACY COPY

Dear Doctor Scott
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.

Patient's Name *Mr Mrs Miss Ms
Name
Address.....
D.O.B. 1/8/71 Ward MUSK Male* Female*
↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE			
CONSULTANT NAME			
WARD			

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

	DATE
PRINCIPAL PROCEDURE <u>Education of PAC x therapy</u>	
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
<u>Metformin</u>	<u>500mg BID</u>	<u>1 week</u>	
<u>Aspirin</u>	<u>100mg</u>	<u>1 week</u>	
<u>Statins</u>	<u>20mg</u>		

COMMENTS Admission changed

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

Review Arrangements Further Summary Letter Yes No
Yours sincerely (signature) Date
Name in Block Letters..... Consultant Senior Reg Reg SHO JHO
Signature for Pharmacy [Signature] 016-040-074

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Belfast, BT12 6BE
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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.
364 377

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.

Your Patient *Mr Mrs Miss Ms

Name Adam Strain

Address [REDACTED]

Postcode [REDACTED]

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

*
TICK
OR
DELETE
AS
APPROP.

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	23/8/94		26.8.94
CONSULTANT NAME	DR Savage		[REDACTED]
WARD	MUSK		[REDACTED]

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * <small>*delete as appropriate</small>	CODE
<u>Renal failure</u>	
OTHER DIAGNOSIS	
OTHER DIAGNOSIS	

PRINCIPAL PROCEDURE	<u>location of peritoneal dialysis catheter</u>		
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

[Handwritten notes and signatures]

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements Further Summary Letter Yes No

Yours sincerely (signature) Date

Name in Block Letters..... Consultant Senior Reg Reg SHO JHO

016-040-075

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