

Dr Scott  
2 Brooks Hill Road  
WARD ATTENDER

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

Discharge/Transfer Advice Note

Dear Doctor .....

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

\*  
TIC  
O  
DEL  
A  
APPI

CH 364377  
ADAM STRAIN  
5 04/05/94  
WD/OF CONSULTANT

Referral No.  
Contract No.

↑ Please place addressograph label here on all 4 sheets ↓

	ADMISSION	TRANSFER	DISCHARGE
DATE	19-4-94		
CONSULTANT NAME	S. WATSON		
WARD	Margrave		

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE *	CODE
<del>PERITONITIS</del>	
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
ZITHROMAX	125 mg <i>nae</i>	3/7	

COMMENTS

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 19/4/94  
 Name in Block Letters ..... S. WATSON ..... Consultant  Senior Reg  Reg  SHO  JHO

016-044-080

USE ONLY A BALLPOINT PEN