

ROYAL HOSPITALS

HOSPITAL No.

PHARMACY COPY

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.

Patient's Name \*Mr  Mrs  Miss  Ms   
 Name .....  
 Address.....  
 Postcode.....  
 D.O.B. 4/8/91 Ward (n.w.) Male\*  Female\*   
 ↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	29/3/94		
CONSULTANT NAME			
WARD			

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * *delete as appropriate		CODE
	PERITONITIS	
OTHER DIAGNOSIS	RENAL FAILURE	
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
AUGMENTIN	125 T.i.d	1/52	

RECEIVED  
 29 MAR 1994

SCRIPT done

COMMENTS .....

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   
 Signature for Pharmacy ..... 016-046-082

ROYAL HOSPITALS

HOSPITAL No.

PHARMACY COPY

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 APPROPRIATE

CH 354977 K  
 ADAM STRAIN  
 8 04/08/91  
 [Redacted]  
 [Redacted]  
 MD/OF CONSULTANT  
 ↑ Please place address on top of envelope

	ADMISSION	TRANSFER	DISCHARGE
DATE			
CONSULTANT NAME	SANTONZ		[Redacted]
WARD			[Redacted]

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * *delete as appropriate	CODE
PERITONITIS	
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	3/7	
	3.625 mg		

DOCTOR  
 FUND HOLDING  
 MEDICAL COMP

RECEIVED  
 19 APR 1994

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

Arrangements ..... Further Summary Letter Yes  No   
 Sincerely ..... (signature) Date .....  
 Block Letters ..... Consultant  Senior Reg  Reg  SHO  JHO   
 Signature for Pharmacy ..... 016-046-083

ROYAL HOSPITALS

HOSPITAL No.  
300/377

PHARMACY COPY

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.

Patient's Name \*Mr  Mrs  Miss  Ms   
Name ADAM STOLAN  
Address .....  
Postcode .....  
D.O.B. 1/3/91 Ward ..... Male\*  Female\*   
Please place addressograph label here on all 4 sheets

	ADMISSION	TRANSFER	DISCHARGE
DATE	22-3-94		
CONSULTANT NAME	MR BOSTON / DE SAUVE		
WARD	MUSK		

PRINCIPAL DIAGNOSIS IN TRANSFER / DISCHARGE * <small>*delete as appropriate</small>	CODE
renal failure	
OTHER DIAGNOSIS	
OTHER DIAGNOSIS	

	DATE
PRINCIPAL PROCEDURE	PD Collete insertion
SECONDARY PROCEDURE	Contrasting bottles replaced
SECONDARY PROCEDURE	Size 18 FR 2.4 cm

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
KETOJINE	i Tid	Cont.	
RECEIVED			SCRIPT DONE
25 MAR 1994			

MENTS	Method of Admission
to Collete insert to 40	Emergency
to changed	Waiting list <input checked="" type="checkbox"/>
	Outpatients

arrangements ..... Further Summary Letter Yes  No   
 rely ..... (signature) Date 25.3.94  
 Rank Letters ..... Consultant  Senior Reg  Reg  SHO  JHO

Signature for Pharmacy ..... 016-046-084

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL N

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 Adam Stefan

Address... [REDACTED]

Postcode... [REDACTED]

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

↑ Please place addressograph label here on all 4 sheets ↑

\*  
TICK  
OR  
DELETE  
AS  
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<u>29/3/94</u>		
CONSULTANT NAME			[REDACTED]
WARD			

PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * <i>*delete as appropriate</i>		CODE
	<u>PERITONITIS</u>	
OTHER DIAGNOSIS	<u>RENAL FAILURE</u>	
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
<u>Augmentin</u>	<u>125mg</u> <u>Twice</u>	<u>1/2</u>	

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 .....

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

016-046 - 085

USE ONLY A BALLPOINT PEN

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

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

HOSPITAL No.

Discharge/Transfer Advice Note

364377

Dear Doctor ..... *Scott*

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 STRAIN*

Address [REDACTED]

Postcode [REDACTED]

D.O.B. *4/89* Ward *M.W.* Male\*  Female\*

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.

Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	<i>22-3-94</i>		<i>25.3.94</i>
CONSULTANT NAME	<i>MR BOSTON / DESAWARE</i>		
WARD	<i>MUSC</i>		

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

	DATE
PRINCIPAL PROCEDURE	<i>PD catheter insertion</i>
SECONDARY PROCEDURE	<i>Constraining buffer replacement</i>
SECONDARY PROCEDURE	<i>Size 18Fr 2.4 cms</i>

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>KETOVITE</i>	<i>i Tid</i>	<i>2 weeks</i>	
DOCTOR			
FUND HOLDING			
<i>Non FHT</i>			
MEDICAL COMP			

COMMENTS

*PD catheter flush to be arranged*

Method of Admission

Emergency	<input type="checkbox"/>
Waiting list	<input checked="" type="checkbox"/>
Outpatients	<input type="checkbox"/>

Review Arrangements

*Local Clinic*

*016-046-086*

Further Summary Letter Yes  No

Yours sincerely

*Jan*

(signature) Date *25.3.94*

Name in Block Letters

I A BALL POINT PEN - PRESS HARD