

**THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
BELFAST 12**

Telephone: 240503

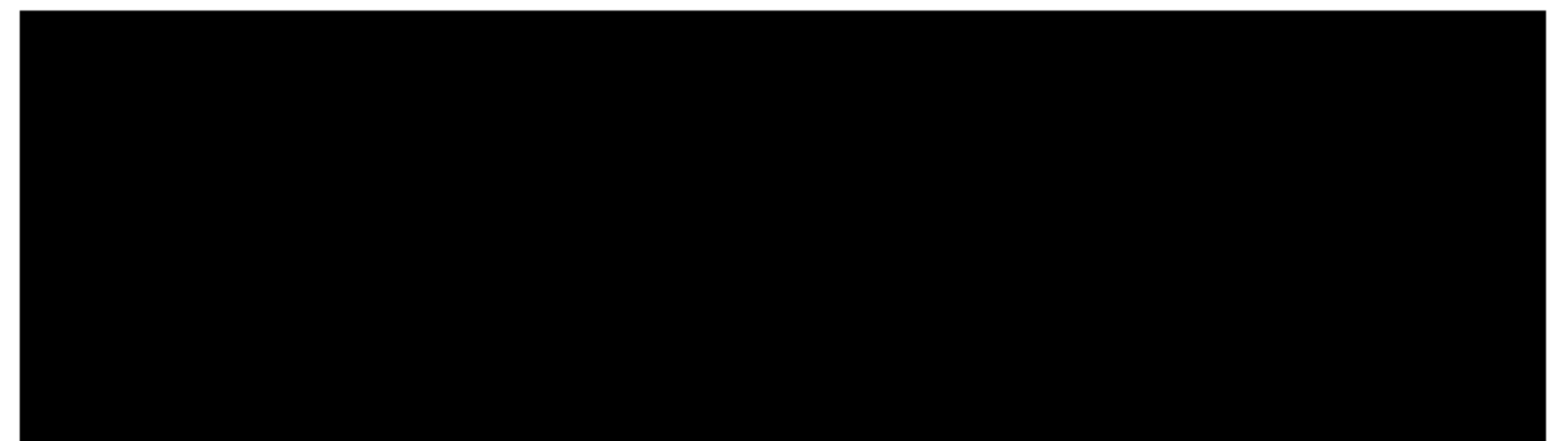
Date *15. 2. 1994*

Dear Dr. *Scott*

Name of Patient

Adam Stein

of



Your patient was examined at
today, and I would recommend

DETAILS OF DRUGS SUGGESTED

NAME	STRENGTH	FORM, e.g. Injection/Tablets	DOSE	FREQUENCY OF DOSE	LENGTH OF COURSE
<i>Nystaform HC</i>	<i>Ointment</i>	<i>apply around gastrostomy site</i>			

This form folded vertically
fits envelope HS.26

DOCTOR	
FUND HOLDING	
MEDICAL COMP	

RECEIVED
15 FEB 1994

A full report will follow.

Yours sincerely *[Signature]*

L3
RECOMMENDED TREATMENT

OS 3811 WNC757

AS - EHSSB

016-048-088