

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

Telephone: 240503

Date 11/1/94

Dear Dr. *Scott*

Name of Patient



Your patient was examined at today, and I would recommend

*to contract oral  
bone disease*

**DETAILS OF DRUGS SUGGESTED**

NAME	STRENGTH	FORM, e.g. Injection/Tablets	DOSE	FREQUENCY OF DOSE	LENGTH OF COURSE
<i>One alpha Vit D</i>	<i>0.2mg</i> <i>(200 u.u. eqn)</i>	<i>in 1ml</i>	<i>0.2mg</i>	<i>daily</i>	

**RECEIVED**

11 JAN 1994

DOCTOR	TICK	FILE
FUND HOLDING		
MEDICAL COMP		
FILE		

A full report will follow.

Yours sincerely

*M. Savage*

L3  
RECOMMENDED TREATMENT

WNC757

This form folded vertically fits envelope HS.26