

ROYAL GROUP OF HOSPITALS
BELFAST BT12 6BA

F/U Paed
constipation
Tel. No. Belfast 240503
Ext:
Ballpoint Pen Only
lean heavily

DATE

Dear Dr

PATIENT NO.

RE.	NAME <i>Adam Stain</i>
	ADDRESS
	<i>364377</i> OPD/WARD
	D.O.B. <i>4/8/91</i>

Enter
or
affix
label
here

DIAGNOSIS:

OPERATION
TREATMENT ADVISED

MEDICINE	DOSE	QUANTITY AND SUPPLIED (if applicable)
<i>Prox Succiante</i>	<i>1ml bd.</i>	<i>7/12</i>

Other:

Full Report to follow: Yes/No

Follow-up appt.....

m. Baulil

Medical Officer.....

18/12/92

OS4317