

F/U. Paed.

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
BELFAST 12

Telephone: [REDACTED]

Date 18/10/92

Dear Dr.

CH 364377 K
ADAM STRAIN

Name of Patient

[REDACTED]

S 04/08/91

Your patient was examined at
today, and I would recommend

B The renal o.p.

[REDACTED]

MD/OP CONSULTANT

DETAILS OF DRUGS SUGGESTED

NAME	STRENGTH	FORM, e.g. Injection/Tablets	DOSE	FREQUENCY OF DOSE	LENGTH OF COURSE
<i>Keflex</i>		<i>Suspension</i>	600mg <i>125</i>	<i>nocte</i>	<i>Until Review</i>

This form folded vertically
fits envelope HS.26

A full report will follow.

Yours sincerely *Mairstewart*

L3
RECOMMENDED TREATMENT

WNC757

AS - EHSSB

016-075- 117