Falls Road,
Belfast, BT12 6BE
Tel. 01232 240503

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

1957 Discharge/Transfer Advice Note

HOSPITAL No. 364344

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hi Mexadec Falls Road, ROYAL BELFAST HOSPITAL FOR SICK CHILDREN HOSPITAL No. Belfast, BT12 6BE Discharge/Transfer Advice Note Your Patient *Mr Mrs Miss Ms Ms Dear Doctor I wish to advise you that your patient was admitted to hospital and is now being TICK discharged/transferred. Address. DELETE AS APPROP. D.O.B. + 15 Mard Male* Female* Referral No. Contract No. Please place addressograph label here on all 4 sheets & **ADMISSION** TRANSFER **DISCHARGE** DATE 30.1-95 DR Savage CONSULTANT NAME WARD PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * CODE live intelle *delete as appropriate OTHER DIAGNOSIS OTHER DIAGNOSIS DATE N'Tachophenin Vii Centralina 3001-95 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) LENGTH OF ADDITIONAL INFORMATION **DOSE & FREQUENCY** COURSE FROM PHARMACIST Jun = 11.7 Company of the winds COMMENTS Method of Admission Emergency Waiting list AS - EHSSB Outpatients Review Arrangements

Further Summary Letter Yes \(\signature\) No \(\signature\)

Yours sincerely

(signature) Date

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