AS - EHSSB

ROYAL HOSPITALS

CASE MIX PROFORMA

HO	SPITA	L No).
360	03	7	7

Referral No. Contract No. DATE	I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred. Referral No. Contract No. ADMISSION		Patient's Name *Mr Mrs Miss Ms Name AD AN STRAN Address Postcode D.O.B. / Ward Male* Female Please place addressograph label here on all 4 sheets TRANSFER Date coded and entered in CIS (/				
WARD	Musa			ing performed by			
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * *delete as appropriate OTHER DIAGNOSIS OTHER DIAGNOSIS		MAL A	AURE		CODE		
				DATE			
PRINCIPAL PROCEDURE	Remouse or						
SECONDARY PROCEDURE	DIAZYS	LINE	-				
SECONDARY PROCEDURE							
DRUGS ON	DISCHARGE (IF MORE	THAN 8, use a sepa	arate sheet FO	OR ALL DRUGS	5)		
				TO A TOTO FIRST ONLY	T INTEROPRE A TRICANT		
DRUG (approved name in caps)	DOSE &	FREQUENCY	LENGTH O COURSE	T	L INFORMATION PHARMACIST		
(approved name in caps)	DOSE &			T			
(approved name in caps) AUG (AUG (AUG (AUG (AUG (AUG (AUG (AUG (COURSE	FROM			
(approved name in caps) AMUMENTA			COURSE	FROM			
(approved name in caps) AUGMENTIN			COURSE	FROM			
(approved name in caps) AUGMENTIN			COURSE	FROM			
(approved name in caps) AUGMENTIN	125 m		COURSE	FROM	PHARMACIST		
(approved name in caps) AUGMENTIN	125 m		COURSE	FROM	PHARMACIST		
(approved name in caps) AUGMENTIN	125 m		COURSE	FROM	PHARMACIST		
(approved name in caps) AUGMENTIN	125 m		COURSE	FROM	PHARMACIST		
(approved name in caps) Augmany Augma	125 m		COURSE	FROM	PHARMACIST		
(approved name in caps) Augmany Augma	125 m		COURSE	FROM	ethod of Admission		
(approved name in caps) AUGMANN	125 m		COURSE	FROM	ethod of Admission		
COMMENTS PD PD PD Lui	fell ont Ir Boston. e soon.	Shd. Colored (signature)	COURSE Course	FROM FROM FROM A A A A A A A A A A A A A	ethod of Admission mergeney- /aiting list /utpatients Yes No HO		
COMMENTS PD PD PD Review Arrangements Yours sincerely	fell ont Ir Boston. e soon.	Shd. Colored (signature)	COURSE COURSE	FROM FROM FROM FROM A A A A A A A A A A A A A	ethod of Admission mergeney- /aiting list /utpatients Yes No HO		

Signature for Pharmacy

ROYAL HOSPITALS

PHARMACY COPY

HOSPITAL No.	
--------------	--

· 						i de la companya de l	·
Dear Doctor			Patient'	s Name	*Mr	Mrs 🗀	Miss Ms
I wish to advise you that year admitted to hospital and is discharged/transferred.	our patient was now being	TICK OR DELETE AS	Name Address				
	• • • • • • • • • • • • • • • • • • • •	APPROP.			•••••••	Postc	ode
Referral No.			D.O.B.	/ /	Ward		lale* Female
Contract No.			🕆 Pleas	e place ado	lressograj	h label h	ere on all 4 sheets
	ADMISSION	4	RANSFE	R		DIS	CHARGE
DATE	-		·			- Same and Andrews Sugaron - Sandan	
CONSULTANT NAME	A ROWNING WAY TO SEE THE PARTY OF THE PARTY			Salar Market			
WARD	A PORT OF THE PROPERTY OF THE		THE RESERVE OF THE PARTY OF THE				
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * *delete as appropriate	LITI						CODE
OTHER DIAGNOSIS	· · · · · · · · · · · · · · · · · · ·				ఇ మంది స్టామి		
OTHER DIAGNOSIS			· ·	,			
						DAT	E
PRINCIPAL PROCEDURE	H-aloc	1 6	Colle		ul ca	to	
SECONDARY PROCEDURE							
SECONDARY PROCEDURE			· · · · · · · · · · · · · · · · · · ·				
DRUGS ON DI	ISCHARGE (IF MORI	C THAN 8,	use a sep	· · · · · · · · · · · · · · · · · · ·		e de la companya de l	· · · · · · · · · · · · · · · · · · ·
DRUG (approved name in caps)	DOSE &	& FREQUEN	CY	LENG	'	·	IONAL INFORMATION OM PHARMACIST
CO-TVINEXA TILL	240/	r h	A		10	dan	
	2.0					manufacture of the same of the	
		<u> </u>	<u> </u>			- ·	
·		·		<u></u>	· 		
,		*	Characteristic Control of the contro	- 			
	and the second	÷	00	2708			
			FUNDE	UILLE A. C			
				111	- \/	U	·
			,	NPW	L	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			A THE WA	1. 1500			-
OMMENTS		,		11. B. 63.1. B. 11.			Method of Adm
	· · · · · · · · · · · · · · · · · · ·		······································			1	- Emergency
			Father in			The said	Waiting list
						C7	Outpatients
	ř _i	. 	<u> </u>				
Review Arrangements	113 annal			Furth	er Sumr	nary Le	etter Yes 🗀 No
 7 17 . 1					 		
Yours sincerely							