THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN BELFAST 12

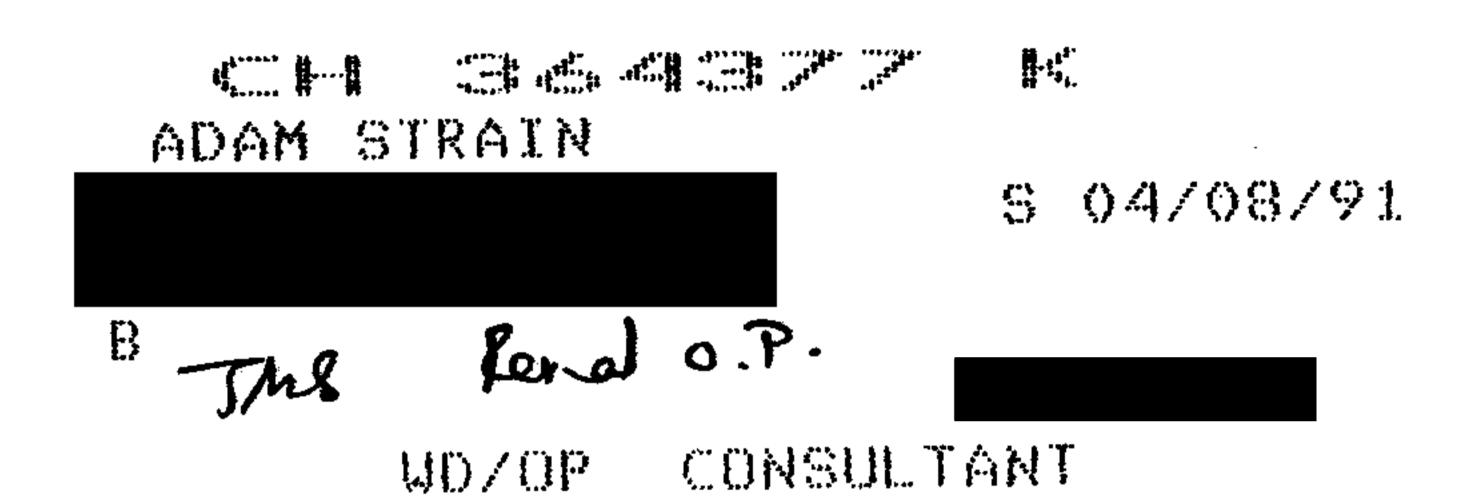
Telephone:

Date 13/19/92

Dear Dr.

Name of Patient

Your patient was examined at today, and I would recommend



DETAILS OF DRUGS SUGGESTED

NAME	STRENGTH	FORM, e.g. Injection/Tablets	DOSE	FREQUENCY OF DOSE	LENGTH OF COURSE
Keflex		Sustansian	138	node	Until Renew
		The state of the s			

A full report will follow.

L3
RECOMMENDED TREATMENT

WNC757

AS - EHSSB

016-075- 117