r.m.i.
IN THE ROYAL

INITIAL DIAGNOSIS

1

2

3

4

5

SECONDARY CONDITION

1

2

3

4

5

MAIN CONDITION

PRINCIPAL OPERATION

COMPLICATIONS

1

2

3

4

5

DRUGS ON DISCHARGE

	DOSE	FREQ	METHOD

DISCHARGE NOTE COMMENTARY

CONSULTANT (name/code)

DR SAVAGE

WARD

MUSC

CH 3643972 K

ADAM STRAIN

[redacted]

S 04/08/91

B

[redacted]

WD/OP CONSULTANT

HEIGHT

metres

[redacted]

kilos

[redacted]

DATE FIT FOR DISCHARGE

25 11 91

REASON FOR RETENTION

THIS FORM TO BE COMPLETED
BEFORE TRANSFER OR DISCHARGE

SIGNATURE OF DOCTOR COMPLETING DISCHARGE

DATE

CONSULTANT INITIALS (for verification)

M.S.

AS - ROYAL

049024060