Adam Strauss

URINE

Date	1.	2.	3.
Specimen Sent	☐	☐	☐

FAECES

Date	1.	2.	3.
Specimen Sent	☐	☐	☐

CONSULTANT :-

Dr Skuse

INVESTIGATIONS	DATE ORDERED	DATE CARRIED OUT
FBP, U+E, CREATININE		
VENOUS GASES		
Blood cultures - line		6.4.92
- peripheral		
BSU		

THIS FORM TO BE RETURNED WITH REQUEST FOR FURTHER SUPPLIES AND AT WITHDRAWAL OF TP

- CISAPRIDE -

NAMED PATIENTS CASE RECORD FORM

Physician's Name: Dr. M. SAVAGE

Hospital: .....

.....

Patient Name/I.D ADAM STRAIN .....Sex: male/~~female~~

Date of birth (or age): 4.8.91

Brief details of patient's diagnosis: .....

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TREATMENT DETAILS

Dosage: .... Schedule: .....

Date treatment commenced: .../.../... Patient weight: .....kg

Date treatment stopped: .../.../... Patient weight: .....kg

Indication(s) for use: .....

.....

CONCOMITANT DISEASE AND TREATMENT DATA

Disease	Drug	Dose	Date Commenced	Date Stopped

AS - ROYAL 051-007-020

Comments: .....

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2220d/9