r.m.i.
IN THE ROYAL

INITIAL DIAGNOSIS

1

2

3

4

5

SECONDARY CONDITION

1

2

3

4

5

MAIN CONDITION (PRINCIPAL DIAGNOSIS)

PRINCIPAL OPERATION

COMPLICATIONS

1

2

3

4

5

DRUGS ON DISCHARGE

	DOSE	FREQ	METHOD

DISCHARGE NOTE COMMENTARY

CONSULTANT (name/code)

DR SAVAGE

WARD

M U S G

PATIENT NUMBER

ADAM STRAIN

[redacted]

S 04/08/91

D

WD/OP CONSULTANT

WEIGHT

kilos

ADMISSION DATE

DATE FIT FOR DISCHARGE

REASON FOR RETENTION

THIS FORM TO BE COMPLETED BEFORE TRANSFER OR DISCHARGE

SIGNATURE OF DOCTOR COMPLETING DISCHARGE

DATE

CONSULTANT INITIALS (for verification)

052-017-032

AS - ROYAL