ROYAL GROUP OF HOSPITALS
BELFAST BT12 6BA

Tel. No. Belfast 240503
Ext:

Ballpoint Pen Only
- lean heavily

DATE:

Dear Dr.

PATIENT NO.
UNIT No.

RE NAME: Adam Stran.

ADDRESS: [redacted]

OPD/WARD

D.O.B. 6/8/16

Enter or affix label here

DIAGNOSIS: UTI
CRF

OPERATION:

TREATMENT ADVISED:

MEDICINE	DOSE	BRAND SUPPLIED (if applicable)
CIPROFLOXACIN	500mg	6d. (5 days)
FRUSEMIDE	80mg mane	
NaHCO3 1.4%	7.5mls t.i	

Other:

Full Report to follow: Yes/No.

Follow-up appt.....

Medical Officer .....

053-022-067

AS - ROYAL

ROYAL GROUP OF HOSPITALS
BELFAST BT12 6BA

Tel. No. Belfast 240503
Ext:

Ballpoint Pen Only
- lean heavily

DATE

Dear Dr.

PATIENT NO.

UNIT No.

NAME Adam Stevens

ADDRESS [redacted]

OPD/WARD

Enter or affix label here

OPERATION

TREATMENT ADVISED:

MEDICINE	DOSE	BRAND SUPPLIED (if applicable)
CIPROFLOXACIN	500mg	bd. (5 days)
FLUCONAZOLE	50mg mane	
$NaHCO_3$ 8.4%	7.5mls tid	

Other:

Full Report to follow: Yes/No. Follow-up appt.....

Medical Officer .....

053-022-068

AS - ROYAL