r.m.i.
IN THE ROYAL

INITIAL DIAGNOSIS

1

2

3

4

5

SECONDARY CONDITION

1

2

3

CONSULTANT (name/code)

Dr. SAVAGE

WARD

m u s c

PATIENT NUMBER

CH 364377 K

ADAM STRAIN

[redacted] S 04/08/91

8 [redacted] SEX

WD/OP CONSULTANT F

HEIGHT

PRINCIPAL OPERATION

COMPLICATIONS

1

2

3

4

5

ADMISSION DATE

30 4 92

DATE FIT FOR DISCHARGE

07 05 92

REASON FOR RETENTION

DRUGS ON DISCHARGE

	DOSE	FREQ	METHOD

DISCHARGE NOTE COMMENTARY

THIS FORM TO BE COMPLETED
BEFORE TRANSFER OR DISCHARGE

SIGNATURE OF DOCTOR COMPLETING DISCHARGE

DATE

07 05 92

CONSULTANT INITIALS (for verification)

M.S

AS - ROYAL

053-025-0[illegible]