

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN BELFAST 12

Telephone: 240503

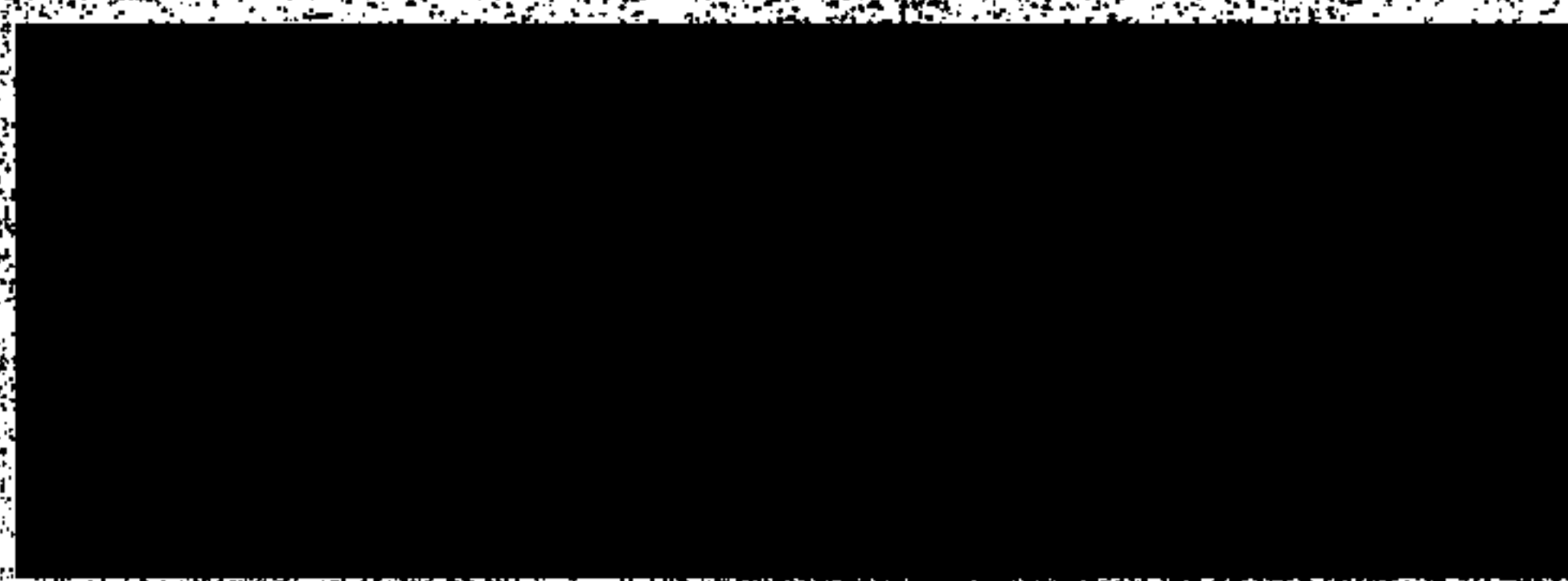
Date 15. 2. 94

Dear Dr. Scott

Name of Patient

Adam Strain

of



My patient was examined at
today and I would recommend

DETAILS OF DRUGS SUGGESTED

NAME	STRENGTH	FORM, e.g. Injection/Tablets	DOSE	FREQUENCY OF DOSE	LENGTH OF COURSE
Nycteform HC		Ointment	apply around gastrocnemius site		

A full report will follow.

Yours sincerely

M. Savage

COMMENDED TREATMENT

OS 3811 WNC757

055-002-002

AS - ROYAL

This form folded vertically
fits envelope HS.26