THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
BELFAST 12

Telephone: 240503

Date 15.2.94

Dear Dr Scott

Name of Patient Adam Strain of [redacted]

I saw the 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
Nyotaform HC.	Ointment.	apply around gastrostomy site.			

This form folded vertically
fits envelope HS.26

A full report will follow.

Yours sincerely M Strain

13

OMMENDED TREATMENT

OS 3811 WNC757

055-002-002

AS - ROYAL