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

K

[redacted]

S 04/08/91

SEX (circle)

M F

HD/OP CONSULTANT

HEIGHT

metres

WEIGHT

[redacted]

ADMISSION DATE

17 11 93

DATE FIT FOR DISCHARGE

REASON FOR RETENTION

THIS FORM TO BE COMPLETED
BEFORE TRANSFER OR DISCHARGE

SIGNATURE OF DOCTOR COMPLETING DISCHARGE

DATE

055-028-054

CONSULTANT INITIALS (for verification)

AS - ROYAL