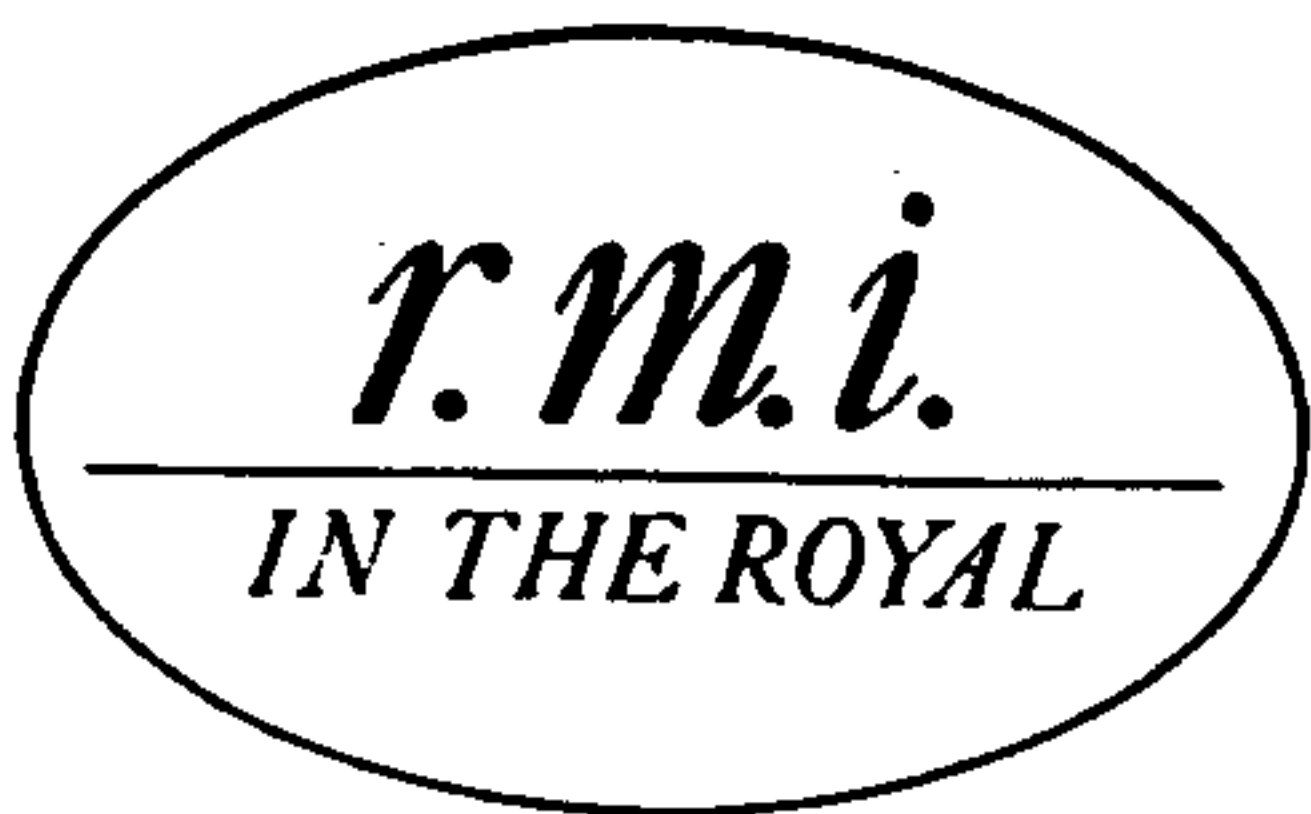




INITIAL DIAGNOSIS

1
2
3
4
5

SECONDARY CONDITION

1
2
3
4
5

MAIN CONDITION (PRINCIPAL DIAGNOSIS)

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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
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PATIENT NUMBER

CH 304377	K
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S 04/08/91

SEX (circle)

M	F
---	---

HEIGHT

	metres
--	--------

WEIGHT

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ADMISSION DATE

17	11	93
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DATE FIT FOR DISCHARGE

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REASON FOR RETENTION

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THIS FORM TO BE COMPLETED
BEFORE TRANSFER OR DISCHARGE

SIGNATURE OF DOCTOR COMPLETING DISCHARGE

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DATE

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055-028-054

CONSULTANT INITIALS (for verification)

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