ROYAL HOSPITALS

CASE NOTE DISCHARGE SUMMARY

Dear Doctor Scott.

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

.....

Referral No.

Contract No.

* TICK OR DELETE AS APPROP.

Patient's Name *Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Name Adam Slycun.

Address [redacted]

D.O.B. 4/8/91 *Ward* MUSG *Male** ☑ *Female** ☐

⇧ ***Please place addressograph label here on all 4 sheets*** ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE	2.9.94	4.9.94	
CONSULTANT NAME	Mr Saj		[redacted]
WARD	MUSG		

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	Rd Chronic Renal Failure	
OTHER DIAGNOSIS		
OTHER DIAGNOSIS		

		DATE	
PRINCIPAL PROCEDURE	Education Re Pac x [redacted]		
SECONDARY PROCEDURE			
SECONDARY PROCEDURE			

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
ALFER	5ml BID	✓	
[illegible] IN	1.5 [illegible]	✓ 5/7	
[illegible]	QDS.		

COMMENTS

R/v as arranged.

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements ..... Further Summary Letter Yes ☐ No ☐

Yours sincerely .....*(signature)* Date .....

Name in Block Letters.....Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☐ JHO ☐

AS - ROYAL

056-005-014

Complications 1.	Consultants Initials
2.	

ROYAL HOSPITALS

CASE NOTE DISCHARGE SUMMARY

Dear Doctor .....

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

.....

Referral No.

Contract No.

* TICK OR DELETE AS APPROP.

Patient's Name *Mr ☑ Mrs ☐ Miss ☐ Ms ☐

Name Adam Strain

Address.....

.....*Postcode*.....

D.O.B. / / *Ward* MUSG *Male** ☑ *Female** ☐

⇧ ***Please place addressograph label here on all 4 sheets*** ⇧

	ADMISSION	TRANSFER	DISCHARGE
DATE	6.9.94		6.9.94
CONSULTANT NAME	M Savage		
WARD	MUSG		

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	Renal failure	
OTHER DIAGNOSIS		
OTHER DIAGNOSIS		

		DATE	
PRINCIPAL PROCEDURE			
SECONDARY PROCEDURE			
SECONDARY PROCEDURE			

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
CIPROFLOXACIN	150mgr bd	5/7	

COMMENTS

Method of Admission	
Emergency	✓
Waiting list	
Outpatients	

Review Arrangements ..... Dr Savage Clinic ..... Further Summary Letter Yes ☐ No ☑

Yours sincerely .....*(signature)* Date ..... 6-9-94 .....

Name in Block Letters.....Consultant ☐ Senior Reg ☑ Reg ☐ SHO ☐ JHO ☐

AS - ROYAL 056-005-015

Complications 1.

2.

Consultants Initials M Savage