

Dear Doctor

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

*
TICK
OR
DELETE
AS
APPROP.

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

Name adam strain

Address [REDACTED]

Postcode [REDACTED]

D.O.B. 4/8/91 Ward MUSK Male* ☒ Female* ☐

↑ Please place addressograph label here on all 4 sheets ↑

Referral No.
Contract No.

	ADMISSION	TRANSFER	DISCHARGE
DATE	23/8/94		26.18.93
CONSULTANT NAME	DR SAWARD		
WARD	MUSK		

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

PRINCIPAL 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

Due to the poor photocopy 1 09/12/04
have provide two copies of
the same discharge summary,
23/08/94
copy 34(A) - lighter to read
Principal procedure
copy 34(B) - darker to read
Drugs on discharge
DS

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 ☐