

ROYAL HOSPITALS
CASE NOTE DISCHARGE SUMMARY

HOSPITAL No.

you that your patient was
hospital and is now being
transferred.

*
TICK
OR
DELETE
AS
APPROP.

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

Name ADAM STRAIN

Address

Postcode

D.O.B. / / Ward Male* ☐ Female* ☐

Please place addressograph label here on all 4 sheets

	ADMISSION	TRANSFER	DISCHARGE
DATE	10/8/94		10/8/94
CONSULTANT NAME	Dr. Savage		
WARD	MUSG		

FINAL DIAGNOSIS ON DISCHARGE	CHRONIC RENAL FAILURE	CODE
DIAGNOSIS		
DIAGNOSIS		

	DATE
PROCEDURE	REMOVAL OF PERITONEUM

DRUGS ON DISCHARGE (IF MORE THAN 3, LIST ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
AUGMENTIN	125 mg tid	1/52	

COMMENTS

P.D. fell out

D/W Mr Barton For replacement
PD line soon.

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements Further Summary Letter Yes ☐ No ☐

Yours sincerely (signature) Date 10/8/94

Name in Block Letters ASHLEY ROO Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☒ JHO ☐

056-031-066

Complications 1.
2.

AS - ROYAL

Consultants Initials