ROYAL HOSPITALS | **HOSPITAL No.**

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 .....

Address... [redacted]

... [redacted] .....*Postcode*.....

D.O.B. 4/2/51 *Ward* ..... *Male** ☑ *Female** ☐

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

	ADMISSION	TRANSFER	DISCHARGE
DATE	29/3/94		
CONSULTANT NAME			
WARD			

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	PERITONITIS	
OTHER DIAGNOSIS	RENAL FAILURE	
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
AUGMENTIN	125 TID	5/52	

COMMENTS _____

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 ☐

056-034-072

Complications 1.

2.

AS - ROYAL

Consultants Initials

ROYAL HOSPITALS

HOSPITAL No.

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 .....

Address.....

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

D.O.B. / / *Ward* ..... *Male** ❑ *Female** ❑

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

	ADMISSION	TRANSFER	DISCHARGE
DATE	19-4-94		
CONSULTANT NAME	SAVAGE		
WARD	Musgrave.		

		CODE
PRINCIPAL DIAGNOSIS ON TRANSFER /DISCHARGE * **delete as appropriate*	PERITONITIS	
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
2. TRIMETHOPRIM	125 mg bd	3/7	

COMMENTS _____

AS - ROYAL

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 ❑

056-034-073

Complications 1.

Consultant Initials

ROYAL HOSPITALS

CASE NOTE DISCHARGE SUMMARY

HOSPITAL No. 364377

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 STRAIN

Address [redacted]

[redacted] *Postcode*.....

D.O.B 4 / 3 / 91 *Ward* M.W *Male** ☑ *Female** ☐

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

[redacted]	ADMISSION	TRANSFER	DISCHARGE
DATE	22-3-94		25 3 94
CONSULTANT NAME	MR BOSTON	DESIGNATE	
WARD	MUSK		

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

		DATE	
PRINCIPAL PROCEDURE	PD Catheter insertion		
SECONDARY PROCEDURE	Graftstay button replacement		
SECONDARY PROCEDURE	Size 18 Fr 2·4 cms		

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
KETOVITE	1 TID	Cont.	

COMMENTS PD Catheter Flush to be arranged

Method of Admission	
Emergency	
Waiting list	✓
Outpatients	

ew Arrangements Local Clinic ..... Further Summary Letter Yes ☐ No ☐

sincerely ..... *(signature)* Date 25.3.94

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

Dr Lee

056-034-074

ions 1.

2.

AS - ROYAL

Consultants Initials M Savage