HARD

USE ONLY A BALLPOINT PEN - PRESS FIRM

Falls Road,
Belfast, BT12 6BE
Tel. 01232 240503

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Discharge/Transfer Advice Note

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.

Your Patient *Mr ❑ Mrs ❑ Miss ❑ Ms ❑

Name ADAM STRAIN

Address [redacted]

[redacted] *Postcode*.....

D.O.B. 4/8/71 *Ward* Musc *Male** ✓ *Female** ❑

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

	ADMISSION	TRANSFER	DISCHARGE
DATE	26.11.95		
CONSULTANT NAME	Dr. SAVAGE		
WARD	Musc		
PRINCIPAL DIAGNOSIS ON DISCHARGE*			
OTHER DIAGNOSES			
OTHER			

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

COMMENTS _____

Method of Admission	
Emergency	
Waiting list	
Outpatients	

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

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

Name in Block Letters... onsultant ❑ Senior Reg ❑ Reg ❑ SHO ❑ JHO ❑

AS - ROYAL

Signature for Pharmacy .....

AS - ROYAL

057-005-006