

Wid attended

ROYAL HOSPITALS

HOSPITAL No. 364377

PHARMACY COPY

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]
 Postcode [REDACTED]
 D.O.B. 18/01/1971 Ward [REDACTED] Male* Female*

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE	<u>20/7/15</u>		
CONSULTANT NAME	<u>JMG</u>		
WARD	<u>A16</u>		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE	ICD9
<u>RF</u>	
OTHER DIAGNOSIS	
OTHER DIAGNOSIS	

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
<u>ACYCLOVIR</u>	<u>200mg</u>	<u>tablets</u>	
	<u>15 daily</u>		
	<u>for 5 days</u>		

COMMENTS Blood test for total bilirubin
high setting
in much better form

Method of Admission	
Emergency	<input type="checkbox"/>
Waiting list	<input type="checkbox"/>
Outpatients	<input type="checkbox"/>

Review Arrangements Further Summary Letter Yes No
 Yours sincerely [Signature] (signature) Date 21/7/15
 Name in Block Letters ALAN Consultant Senior Reg Reg SHO JHO
 Signature for Pharmacy [Signature]