

364377

Dear Doctor

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

Referral No.

Contract No.

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

Name Adam Strain

Address.

.Postcode:

D.O.B. 4/8/19 Ward Allen Male* ☒ Female* ☐

↑ Please place addressograph label here on all 4 sheets ↑

*
TICK
OR
DELETE
AS
APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	14/7/195		12/7/195
CONSULTANT NAME	Sawyer		
WARD	Allen		

[illegible]

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
FLUCONAZOLE	30mg mane po	4 days until review	*
FLUCIDIN	250mg TID po		
CIPROXIN	90mg BID po		
RIFAMPICIN	200mg mane po		

COMMENTS

MENTS
Day case on ward for blood transfusion.

Fairly well at present. Mild pyrexia.

Method of Admission

Emergency

Waiting list

Outpatients

Review Arrangements

ward 10216a Monday

Further Summary Letter Yes ☒ No ☐

Yours sincerely

marla

(signature)

Date 12/2/95

Name in Block Letters

MARSTALL

Consultant ☐ Senior Reg ☐ Reg ☐ SHO ☒ JHO ☐

Смолан

Complications 1.

AS - ROYAL

057-044-074