[redacted]

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
180 Falls Road, Belfast BT12 6BE
Tel: (0232) 240503 ext:

OUT PATIENT'S REPORT

PATIENT DETAILS

UN: 364371
Name: Adam Strain
Address: [redacted]
DOB: 4/8/91

G.P. DETAILS

Name: Scott
Address: The Surgery Booke Dwr
Holywood

Contract No:

Referral No:

CHI No:

Dear Doctor,

Your patient had an appointment at the Renal Clinic on 8/6/95

Attendance Details.

New	Review 1st	2nd	3rd	4th +

Source of Referral.

A/E	Self	G.P.	Tertiary	Other

ICD9/CHI

Chronic Renal Failure at [illegible]

Procedure Performed:

Recommended drug/treatment: Add

Zantac 2.5mls BD 75mg in 5ml

Future Management.

1) Has been placed on a waiting list YES/NO FOR:
2) Required urgent in-patient treatment and will be admitted on:
3) Requires a further appointment FOR:
4) Is satisfactory and has been discharged to your care: YES/NO
5) Tertiary referral made to:
6) Did not attend - further appointment issued. YES/NO

Yours sincerely, J Mauric Savage

Consultant in Charge:

Grade: | SHO | REG | SEN REG | CONSULTANT |

Further detailed correspondence to follow: | YES | NO |

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HEALTH SERVICE TRUST

AS - ROYAL

PLEASE USE BALLPOINT PEN ONLY

057-063-122

White Copy - to G.P. : Green Copy - Chart Copy : Yellow Copy - Tertiary Referral : Pink Copy - H

W/AE - [redacted]

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
180 Falls Road, Belfast BT12 6BE
Tel: (0232) 240503 ext:

OUT PATIENT'S REPORT

PATIENT DETAILS

UN: 364379
Name: ADAM STRAIN
Address: [redacted]
DOB: 4/5/91

G.P. DETAILS

Name: Dr Scott
Address: The surgery, 9 Grooms, Holywood

Contract No:

Referral No:

CHI No:

Dear Doctor,

attended ~~A/E~~ Musgrave Ward on 18/5/95

Your patient had an ~~appointment~~ at the _____ Clinic on / /

tendance Details.

New	Review 1st	2nd	3rd	4th +

Source of Referral.

A/E	Self	G.P.	Tertiary	Other

[redacted]

Attended for heparinisation line procedure uncomplicated procedure.

Procedure Performed:

Recommended drug/treatment: As before.

Future Management.

1) Has been placed on a waiting list YES/NO FOR: _____
2) Required urgent in-patient treatment and will be admitted on: _____
3) Requires a further appointment FOR: R/V TBA
4) Is satisfactory and has been discharged to your care: YES/NO
5) Tertiary referral made to: _____
6) Did not attend - further appointment issued. YES/NO

Yours sincerely, [redacted]

Consultant in Charge: Dr Savage

Grade:	SHO	REG	SEN REG	CONSULTANT

Further detailed correspondence to follow:	YES	NO

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