ROYAL F [redacted] PITAL No. 364347

CASE NOTE DISCHARGE SUMMARY

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]

.....

D.O.B. 4 / 8 / 91 *Ward* ..... *Male** ☑ *Female** ☐

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

	ADMISSION	TRANSFER	DISCHARGE
DATE	9.2.95		9.2.95
CONSULTANT NAME	De Savage		[redacted]
WARD	Musgrave.		

PRINCIPAL DIAGNOSIS ON TRANSFER/DISCHARGE * *Delete as appropriate*	7° Peritonitis	CODE
1ST DIAGNOSIS	Chronic Renal Failure	
2ND DIAGNOSIS		
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
unchanged			

COMMENTS P.D. Fluid culture not infected

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements ..... 2/52 ..... Further Summary Letter Yes ☐ No ☐

Yours sincerely ..... J Maurice Savage ..... *(signature)* Date ..... 27/2/94 .....

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

Complications 1.

2.

AS - ROYAL

057-071-132